

LOS ANGELES FIRE DEPARTMENT 2022 MERIT SCHOLAR ELIGIBILITY REQUIREMENTS

Please Confirm Eligibility
Question 1: *

☒ I am a dependent child or step-child of active or fallen Los Angeles CITY Fire Department sworn employees who have completed probation

Please Confirm Eligibility
Question 2: *

☒ I am senior in high school or college freshman who will be enrolled as full-time students in an accredited four-year college or university in the upcoming academic year

Additional Requirements

In addition to filling out the online application the following must be mailed in to complete your application.

School Transcript. Arrange for an official high school transcript to be sent to the address below. Applicants who have already enrolled in college should also provide a current college transcript.

Two Letters of Recommendations and Recommendation (Grid) Form. The people you ask to write recommendations on your behalf should know you well. At least one must be a teacher or counselor, and neither may be a relative. Give each individual who has agreed to write a recommendation for you a copy of the [“INSTRUCTIONS FOR INDIVIDUALS PROVIDING RECOMMENDATION”](#) along with a copy of the “RECOMMENDATION (GRID) FORM” and a stamped envelope.

Mail To:

Ms. June Andrade
c/o The LAFD Scholarship Fund
1700 Stadium Way, Suite 105
Los Angeles, California 90012

LOS ANGELES FIRE DEPARTMENT 2022 MERIT SCHOLAR APPLICATION

Section 1: Personal Information

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Home Phone -

Area Code

Phone Number

Cell Phone -

Area Code

Phone Number

E-mail

High School Name

Year of Graduation

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Section 2: College

Please list the names of the colleges to which you have applied. In addition, indicate which ones have

College 1 — Applied to, Accepted, Attending

- Status**
- ☐ Applied
 - ☐ Accepted
 - ☐ Attending

College 2 — Applied to, Accepted, Attending

- Status**
- ☐ Applied
 - ☐ Accepted
 - ☐ Attending

College 3 — Applied to, Accepted, Attending

- Status**
- ☐ Applied
 - ☐ Accepted
 - ☐ Attending

College 4 — Applied to, Accepted, Attending

- Status**
- ☐ Applied
 - ☐ Accepted
 - ☐ Attending

Section 3: Scholarships, Grants, and Other Honors and Awards

A. Scholarships & Grants

List the name, date and a brief description of the selection criteria for any scholarship award you have won for the current or upcoming academic year. If this does not apply to you enter "N/A".

Scholarship Information

B. Other Honors and Awards

List name, date and a brief description of the criteria and selection process for each Honor or Award

Academic Honors and Awards

Athletic Honors and Awards

Other Honors and Awards

Section 4: Extracurricular Activities

A: Community Service

Please rank activities according to order of importance to you.

Add Activity 1

Name of Organization

Description of Activity / Participation

Leadership Position, If any

Name of Supervisory Contact

Tel. No. of Contact

Duration

Select One

Date Range 1 (One time)

MM-DD-YYYY

to

MM-DD-YYYY

Number of hours:

Date Range 2 (Periodic)

MM-DD-YYYY

Number of weeks per year:

Number of hours per week:

Date Range 3 (Year-round)

YYYY-YYYY

(Use only for year-round activity)

Number of hours per week:

Add Activity 2

Name of Organization

Description of Activity / Participation

Leadership Position, If any

Name of Supervisory Contact

Tel. No. of Contact

Duration

Select One

Date Range 1 (One time)

MM-DD-YYYY

 to

MM-DD-YYYY

 Number of hours:

Date Range 2 (Periodic)

MM-DD-YYYY

 Number of weeks per year: Number of hours per week:

Date Range 3 (Year-round)

YYYY-YYYY

 (Use only for year-round activity) Number of hours per week:

Add Activity 3



Name of Organization

Description of Activity / Participation


Leadership Position, If any

Name of Supervisory Contact

Tel. No. of Contact

Duration

Select One

Date Range 1 (One time) MM-DD-YYYY  to MM-DD-YYYY  Number of hours:Date Range 2 (Periodic) MM-DD-YYYY  Number of weeks per year: Number of hours per week: Date Range 3 (Year-round) YYYY-YYYY (Use only for year-round activity) Number of hours per week:

Add Activity 4



Name of Organization

Description of Activity / Participation

Leadership Position, If any


Name of Supervisory Contact

Tel. No. of Contact

Duration

Select One

Date Range 1 (One time) MM-DD-YYYY  to MM-DD-YYYY  Number of hours:

Date Range 2 (Periodic) MM-DD-YYYY  Number of weeks per year: _____ Number of hours per week: _____

Date Range 3 (Year-round) YYYY-YYYY (Use only for year-round activity) Number of hours per week: _____

Community Service Activities


LAFD Scholarship Applicants have consistently demonstrated a strong commitment to community service. In recognition of this commitment, the LAFD Scholarship Fund has established a separate award of \$5,000 to honor the Applicant with the most outstanding record of contribution in this area each year. The funding of this award is shared with the Los Angeles Fire Department Foundation. As this award is distinct from the Merit Scholarship competition, contestants need not be selected as Merit Scholars to receive this award. For the purposes of competing for this award, it is strongly recommended that one of your letters of recommendation come from a supervisor involved in your Community Service Activity (Section 4: A Community Service).

Please tell us why your record of community service merits this award.

0/150

B: Athletics Extracurricular Activities

Please rank activities according to order of importance to you.

Add Activity 1 

Name of Organization

Description of Activity /
Participation

Leadership Position, If any

Name of Supervisory Contact


Tel. No. of Contact

Duration

Select One



Date Range 1 (One time) MM-DD-YYYY  to MM-DD-YYYY  Number of hours:

Date Range 2 (Periodic) MM-DD-YYYY  Number of weeks per year: _____ Number of
hours per week: _____

Date Range 3 (Year-round) YYYY-YYYY _____ (Use only for year-round activity) Number of hours per
week: _____

Add Activity 2



Name of Organization

Description of Activity /
Participation

Leadership Position, If any

Name of Supervisory Contact


Select One 

hours per week: _____


Week: _____



Select One 

Date Range 2 (Periodic) MM-DD-YYYY  Number of weeks per year: _____ Number of hours per week: _____

Date Range 3 (Year-round) YYYY-YYYY (Use only for year-round activity) Number of hours per week: _____

Add Activity 4 

Name of Organization

Description of Activity / Participation



Leadership Position, If any


Name of Supervisory Contact

Tel. No. of Contact

Duration

Select One 

Date Range 1 (One time) MM-DD-YYYY  to MM-DD-YYYY  Number of hours: _____

Date Range 2 (Periodic) MM-DD-YYYY  Number of weeks per year: _____ Number of hours per week: _____

Date Range 3 (Year-round) YYYY-YYYY (Use only for year-round activity) Number of hours per week: _____

C: Student Government Extracurricular Activities

Please rank activities according to order of importance to you.

Add Activity 1



Name of Organization

Description of Activity /
Participation

Leadership Position, If any

Name of Supervisory Contact


Tel. No. of Contact

Duration

Select One



Date Range 1 (One time) MM-DD-YYYY  to MM-DD-YYYY  Number of hours:

Date Range 2 (Periodic) MM-DD-YYYY  Number of weeks per year: _____ Number of
hours per week: _____

Date Range 3 (Year-round) YYYY-YYYY _____ (Use only for year-round activity) Number of hours per
week: _____

Add Activity 2



Name of Organization

Description of Activity /
Participation

Leadership Position, If any

Name of Supervisory Contact


Tel. No. of Contact

Duration

Select One



Date Range 1 (One time) MM-DD-YYYY  to MM-DD-YYYY  Number of hours:

Date Range 2 (Periodic) MM-DD-YYYY  Number of weeks per year: _____ Number of
hours per week: _____

Date Range 3 (Year-round) YYYY-YYYY _____ (Use only for year-round activity) Number of hours per
week: _____

Add Activity 3



Name of Organization

Description of Activity /
Participation


Leadership Position, If any

Name of Supervisory Contact

Tel. No. of Contact

Duration

Select One

Date Range 1 (One time) MM-DD-YYYY  to MM-DD-YYYY  Number of hours:Date Range 2 (Periodic) MM-DD-YYYY  Number of weeks per year: Number of hours per week: Date Range 3 (Year-round) YYYY-YYYY (Use only for year-round activity) Number of hours per week:

Add Activity 4



Name of Organization

Description of Activity / Participation

Leadership Position, If any


Name of Supervisory Contact

Tel. No. of Contact

Duration

Select One

Date Range 1 (One time) MM-DD-YYYY  to MM-DD-YYYY  Number of hours:

Date Range 2 (Periodic) MM-DD-YYYY  Number of weeks per year: _____ Number of hours per week: _____

Date Range 3 (Year-round) YYYY-YYYY (Use only for year-round activity) Number of hours per week: _____

D: Performing Arts Extracurricular Activities

Please rank activities according to order of importance to you.

Add Activity 1 

Name of Organization

Description of Activity / Participation

Leadership Position, If any

Name of Supervisory Contact


Tel. No. of Contact

Duration

Select One



Date Range 1 (One time) MM-DD-YYYY  to MM-DD-YYYY  Number of hours:

Date Range 2 (Periodic) MM-DD-YYYY  Number of weeks per year: _____ Number of hours per week: _____

Date Range 3 (Year-round) YYYY-YYYY (Use only for year-round activity) Number of hours per week: _____

Add Activity 2



Name of Organization

Description of Activity /
Participation

Leadership Position, If any


Name of Supervisory Contact

Tel. No. of Contact

Duration

Select One

Date Range 1 (One time) MM-DD-YYYY  to MM-DD-YYYY  Number of hours:

Date Range 2 (Periodic) MM-DD-YYYY  Number of weeks per year: Number of
hours per week:

Date Range 3 (Year-round) YYYY-YYYY (Use only for year-round activity) Number of hours per
week:

Add Activity 3



Name of Organization

Description of Activity / Participation

Leadership Position, If any

Name of Supervisory Contact

Tel. No. of Contact

Duration

Select One

Date Range 1 (One time)

MM-DD-YYYY

 to

MM-DD-YYYY

 Number of hours:

Date Range 2 (Periodic)

MM-DD-YYYY

 Number of weeks per year: Number of hours per week:

Date Range 3 (Year-round)

YYYY-YYYY

 (Use only for year-round activity) Number of hours per week:

Add Activity 4



Name of Organization

Description of Activity / Participation


Leadership Position, If any

Name of Supervisory Contact

Tel. No. of Contact

Duration

Select One

Date Range 1 (One time) MM-DD-YYYY  to MM-DD-YYYY  Number of hours:Date Range 2 (Periodic) MM-DD-YYYY  Number of weeks per year: Number of hours per week: Date Range 3 (Year-round) YYYY-YYYY (Use only for year-round activity) Number of hours per week:

E: Work and Other Extracurricular Activities

Please rank activities according to order of importance to you.

Add Activity 1



Name of Organization

Description of Activity / Participation

Leadership Position, If any

Name of Supervisory Contact

Tel. No. of Contact

Duration

Select One



Date Range 1 (One time)

MM-DD-YYYY

to

MM-DD-YYYY

Number of hours:

Date Range 2 (Periodic)

MM-DD-YYYY

Number of weeks per year:

Number of hours per week:

Date Range 3 (Year-round)

YYYY-YYYY

(Use only for year-round activity)

Number of hours per week:

Add Activity 2

Name of Organization

Description of Activity / Participation

Leadership Position, If any

Name of Supervisory Contact

Tel. No. of Contact

Duration

Select One

Date Range 1 (One time)

MM-DD-YYYY

to

MM-DD-YYYY

Number of hours:

Date Range 2 (Periodic)

MM-DD-YYYY

Number of weeks per year:

Number of hours per week:

Date Range 3 (Year-round)

YYYY-YYYY

(Use only for year-round activity)

Number of hours per week:

19/27

Add Activity 3



Name of Organization

Description of Activity /
Participation

Leadership Position, If any

Name of Supervisory Contact

Tel. No. of Contact

Duration

Select One

Date Range 1 (One time) MM-DD-YYYY to MM-DD-YYYY Number of hours:

Date Range 2 (Periodic) MM-DD-YYYY Number of weeks per year: Number of
hours per week:

Date Range 3 (Year-round) YYYY-YYYY (Use only for year-round activity) Number of hours per
week:

Add Activity 4



Name of Organization

Description of Activity / Participation

Leadership Position, If any


Name of Supervisory Contact

Tel. No. of Contact

Duration

Select One

Date Range 1 (One time) MM-DD-YYYY  to MM-DD-YYYY  Number of hours:

Date Range 2 (Periodic) MM-DD-YYYY  Number of weeks per year: Number of hours per week:

Date Range 3 (Year-round) YYYY-YYYY (Use only for year-round activity) Number of hours per week:

Section 5: Other Personal Declarations

What achievements or qualities make you most deserving of receiving a Merit Scholar Award and what would receiving this honor and the related financial award would mean to you?

What academic classes, subjects or experiences have most inspired you and why?

0/150

Section 6: Please Also Tell Us

What is the last book you read for pleasure and what about it appealed to you?

0/75

What is your favorite movie and why?

0/75

What person in public life (excluding family members and friends) do you most admire and why?

0/75

What words would your friends use to describe you?

Section 7: Standardized Test Scores

Please ensure each total score equals to the total of the individual scores

☐ There are no Standardized Test Scores to submit

SAT SCORE

Dates Test Taken

Math

Reading/Writing

Total

(Mo./Day/Yr.)

(Enter Score)

(Enter Score)

(Enter Score)

(Mo./Day/Yr.)

(Enter Score)

(Enter Score)

(Enter Score)

+

ACT SCORES

Dates Test Taken	English	Math	Reading
(Mo./Day/Yr.)	(Enter Score)	(Enter Score)	(Enter Score)
<div>+</div>			

ACT SCORES Cont.

Science	Composite
(Enter Score)	(Enter Score)
<div>+</div>	

CAHSEE SCORE

Dates Test Taken	English/Language Arts	Math
(Mo./Day/Yr.)	(Enter Score)	(Enter Score)
<div>+</div>		

Section 8: Recommendation

Recommendation 1	<div></div>
	Name of Recommender
	<div></div>
	Title
	<div></div>
	Relationship to the Applicant

Recommendation 2	<div></div>
	Name of Recommender

Title

Relationship to the Applicant

Section 9: Parent/Applicant Certification

Parent/Step Parent

Applicant's Parent or Step Parent

Assignment

Position within LAFD

I certify that it is my child's intention to be a fulltime student in the upcoming college school year and that all statements on this Application Form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be sufficient cause for disqualification of my child.

Parent Signature

Clear

Date



Date

I certify that it is my intention to be a full-time student in the upcoming college school year and that all statements on this Application Form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be sufficient cause for my disqualification.

Applicant Signature

[Clear](#)

Date



Date

Section 10: Best Essay Contest

A Best Essay Contest submission of 250 to 650 words from the list of Prompts provided below is required for all Merit Scholar applicants. For your convenience, the essay Prompts are drawn from The Common Application used by most colleges. It is the hope of the Selection Committee that if you decide to use an essay that you have prepared previously that you spend your time in the refinement of that essay as your submission will be evaluated not only on content, but also syntax and style. Creativity may be an important element of your submission, but it is just as essential that you express yourself clearly using correct spelling and grammar.

Applicants must respond in 250 to 650 words to ONE of the following prompts for their Essay submission:

Please select one of the following essay topics: *

- ☐ Some students have a background, identity, interest, or talent that is so meaningful they believe their application would be incomplete without it. If this sounds like you, then please share your story.
- ☐ The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback, or failure. How did it affect you, and what did you learn from the experience?
- ☐ Reflect on a time when you questioned or challenged a belief or idea. What prompted your thinking? What was the outcome?
- ☒ Describe a problem you've solved or a problem you'd like to solve. It can be an intellectual challenge, a research query, an ethical dilemma—anything that is of personal importance, no matter the scale. Explain its significance to you and what steps you took or could be taken to identify a solution.
- ☐ Discuss an accomplishment, event, or realization that sparked a period of personal growth and a new understanding of yourself and others.
- ☐ Describe a topic, idea, or concept you find so engaging that it makes you lose all track of time. Why does it captivate you? What or who do you turn to when you want to learn more?
- ☐ Share an essay on any topic of your choice. It can be one you've already written, one that responds to a different prompt, or one of your own design.

☐ Describe how the Covid 19 pandemic has affected your life.

Your Essay

Please draft and edit your essay before entering it here for submission.

Please paste your pre-written essay here

0/650

Preview & Submit Your Application

Please carefully preview your application before submitting.

