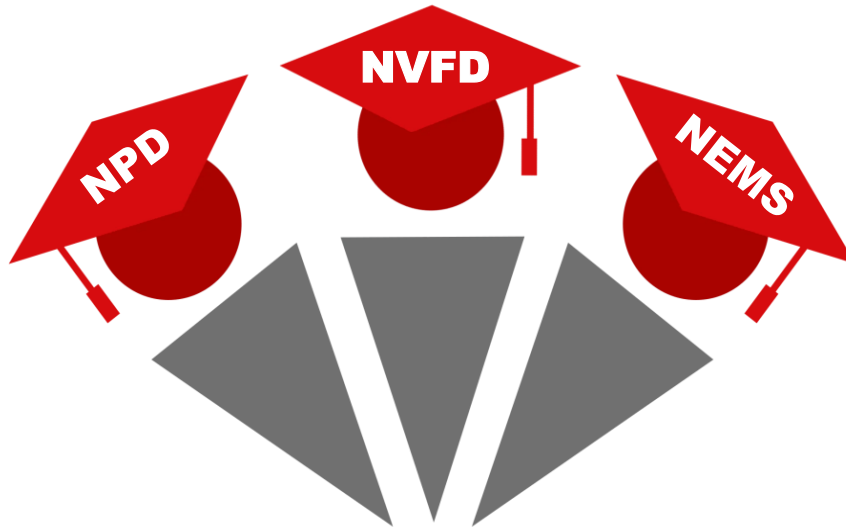


APPLICANT IDENTIFICATION NUMBER: 2026 –

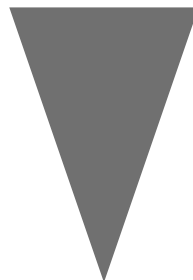
DATE RECEIVED: _____

Committee
use only

OPERATION THANK YOU



SCHOLARSHIP COMMITTEE



2026



CONNECTICUT HEROES EMERGENCY FUND

"Serving Those Who Serve Us"

OPERATION THANK YOU

2026 SCHOLARSHIP APPLICATION FORM

This scholarship provides financial assistance to eligible first responders pursuing college-level courses, professional development, continuing education, training, licensing, and certification programs that enhance the effectiveness and delivery of emergency services to the Town of Newington, Connecticut. You can receive up to a maximum of \$2,000 a year. The opportunity requires completing this application and a letter of reference verifying your status as a first responder.

ELIGIBILITY: Applicants must be a minimum of 18 years of age and be an Active Duty First Responder in the Town of Newington. A first responder is someone who works on an ambulance or rescue vehicle helping others, EMTs, Paramedics, Firefighters, Police, or a Dispatcher for any of the noted above. These positions can be paid or volunteer.

PROCESS: Complete pages 1 through 5 of the application and mail along with your letter of reference to the address below:

Connie Mercer
Operation Thank You
15 Southwood Road
Newington, CT 06111

APPLICANT INFORMATION (please print):

I. Name (First, MI, Last):

Your current mailing address (Street, Apt. #, City, State, Zip code):

Telephone #: _____

E-Mail: _____

State your position as a volunteer or paid first responder:

- II. Describe the educational, training, licensing, or certification program you are seeking financial assistance for and cite the program URL or attach the program syllabus/outline:

Name and address of the school/program you are attending or planning to attend (scholarship payment will be issued directly to the attending school or training/certification program):

State the amount of funding you are requesting: _____

[illegible]

IV. Reflect on how you yourself have worked to make a difference in the community.
List any civic clubs, engagements or service activities you may have been involved in.

[illegible]

V. Are you a veteran? ☐ yes ☐ no (check one)

VI. Are you a resident of Newington? ☐ yes ☐ no (check one)

VII. LETTER OF REFERENCE: Please submit the attached letter of reference from your employer or supervisor who can verify your status as a first responder and speak to your strengths, dedication, and commitment to the community.

Your signature certifies that the information provided on the application, including attachments, is true to the best of your knowledge.

Signature of Applicant _____ Date _____

Scholarship applications must be submitted by April 30, 2026. Recipients will be notified via email and/or the phone number provided on the application in June or July 2026. A recognition dinner will take place in October 2026.

Scholarship Committee Review: information that could lead to the identification of an applicant will be redacted from the application prior to disclosure to the selection committee. This may include, but is not limited to, name, gender, address, email, telephone number, position, and/or supervisor names. Redacted application screening restricts public access to personal data and reduces the effect that unconscious biases may have on assessing applicants.

Connecticut Heroes Emergency Fund (CHEF) is a program of Bogies for the Brave, Inc., a 501(c)(3) charity, Federal EIN: 81-2851605 and does not discriminate on the basis of age, gender, race or color, national origin, religion, disabling condition, marital status or sexual orientation.

This application does not constitute a promise or guarantee of an award.

CHEF reserves the right to change, cancel, or amend its scholarship policy as it deems necessary for the benefit of all awardees.



Letter of Reference

Last Name

First Name

Middle Initial

To the Applicant: Print the information requested above and give to the employer or supervisor who can support and validate your qualifications. Please note that, generally, confidential recommendations often provide more useful information, so it is understood that upon request, this letter will not be made available to the applicant for examination. If you agree, you may sign the waiver below. The decision is up to you.

I waive the rights to see or inspect this form or any statement sent to the indicated program as a result of this request.

Signature _____ Date _____

Evaluator please complete the section below

The Connecticut Heroes Emergency Fund would appreciate you evaluating the above named person and verifying their status as a first responder in Newington. The person has applied for scholarship assistance in pursuing either college-level course work, professional development, continuing education, training, licensing, or a certification program that will enhance the effectiveness and delivery of emergency services to the Town of Newington. Please provide the applicant with this completed form in a sealed envelope with your signature across the seal.

If you alone were making the decision as to whether or not the applicant should be accepted, which of the following would you do?

☐	Seek Out	A truly outstanding applicant
☐	Definitely Accept	Will complete their program at a superior level
☐	Accept	Should complete their program at a satisfactory level
☐	Accept	Accept, but with reservation concerning ability or motivation
☐	Not Accept	Not a good fit for this program

Applicant is currently a Newington paid or volunteer first responder ☐ Yes ☐ No

Please print your name _____

Position (Town of Newington) _____

Signed _____ Date _____

The back of this form may be used if you choose to make additional comments.



Redacted Letter of Reference Example

Information that could lead to the identification of an applicant will be redacted from the application prior to disclosure to the selection committee.

REDACTED

Last Name

First Name

Middle Initial

To the Applicant: Print the information requested above and give to the person providing the reference. Please note that, generally, confidential recommendations often provide more useful information, so it is understood that upon request, this letter will not be made available to the applicant for examination. If you agree, you may sign the waiver below. The decision is up to you.

I waive the rights to see or inspect this form or any statement sent to the indicated program as a result of this request.

REDACTED

Evaluator please complete the section below

The Connecticut Heroes Emergency Fund would appreciate a statement from you evaluating the above named person and verifying their status as a first responder in Newington. The person has applied for scholarship assistance in pursuing either college-level course work, professional development, continuing education, training, licensing, or a certification program that will enhance the effectiveness and delivery of emergency services to the Town of Newington. Please provide the applicant with this completed form in a sealed envelope with your signature across the seal.

If you alone were making the decision as to whether or not the applicant should be accepted, which of the following would you do?

☐	Seek Out	A truly outstanding applicant
☐	Definitely Accept	Will complete their program at a superior level
☐	Accept	Should complete their program at a satisfactory level
☐	Accept	Accept, but with reservation concerning ability or motivation
☐	Not Accept	Not a good fit for this program

Applicant is currently a Newington paid or volunteer first responder ☐ Yes ☐ No

REDACTED

The back of this form may be used if you choose to make additional comments.

NEWINGTON "OPERATION THANK YOU": 2025 APPLICATION SCORING RUBRIC

APPLICANT IDENTIFICATION #: _____

DATE: _____

Application Part III: Improving Newington Services				
4	3	2	1	
Request demonstrates a strong alignment with improving Newington services and a clear description of the impact on individuals and/or the community.	Request demonstrates adequate alignment with improving Newington services and/or 1 st responder safety.	Request demonstrates some alignment with improving Newington services and/or 1 st responder safety.	Request provides little or no appropriate alignment with improving Newington services and/or 1 st responder safety.	
Application Part IV: Civic Engagement				
4	3	2	1	
Response demonstrates experience in multiple civic engagement activities and/or organizations. Describes a sense of civic pride towards Newington.	Response provides evidence of frequent civic engagement activities outside of current responsibilities.	Response provides evidence of occasional civic engagement activities outside of current responsibilities.	Response provides little or no evidence of civically focused actions outside of current responsibilities.	
Application Part VI: Letter of Recommendation				
4	3	2	0 to 1	
Recommendation indicates outstanding fit for the program	Recommendation indicates a potentially good fit for the program	Recommendation indicates neither poor or good fit for the program	Recommendation is missing or indicates a poor fit for the program	

BONUS POINTS: Fully Fund ☐ Partially Fund (Possible restrictions/conditions) ☐ No Funding ☐
Newington resident +1
Veteran +1

Reviewers Initials _____ TOTAL SCORE: _____