



**BRIAN W. SCHIRA  
102 SCHOLARSHIP FUND**

## 2020/2021 FIREFIGHTER EDUCATION SCHOLARSHIP APPLICATION FORM

Postmark Deadline: September 1, 2020

Please print legibly using black or blue ink or type.

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Home/Cell Telephone Numbers \_\_\_\_\_

Married  Single

If married, number of dependents \_\_\_\_\_

### EDUCATIONAL DATA

High School Graduation Yr. \_\_\_\_\_ College Attended \_\_\_\_\_

Did you graduate?  Yes  No If yes, what year \_\_\_\_\_ If no, # of years \_\_\_\_\_

What type of degree did you earn? \_\_\_\_\_

Have you enrolled in Paramedic Classes before now?  Yes  No

If yes, why did you not complete course? \_\_\_\_\_

Where and when did you receive your EMT Certification? \_\_\_\_\_

List additional certifications which are Firefighter/EMS related \_\_\_\_\_

### EMPLOYMENT DATA

List name & address of all Fire Departments you are currently working for:

Supervisor Phone # \_\_\_\_\_

Date of Employment \_\_\_\_\_ # hours work per month \_\_\_\_\_

Supervisor Phone # \_\_\_\_\_

Date of Employment \_\_\_\_\_ # hours work per month \_\_\_\_\_

Supervisor Phone # \_\_\_\_\_

Date of Employment \_\_\_\_\_ # hours work per month \_\_\_\_\_



*The Brian W. Schira "102" Scholarship Fund was created with funds donated by the Tri-State Communities. Our mission is to assist firefighters in obtaining advance life savings skills and education in order to increase their ability to protect their communities without compromising their own safety. Your support enables us to provide the funds needed to pay for this education.*



Do you have additional employment?  Yes  No

Name and address of other employer \_\_\_\_\_

Number of years employed \_\_\_\_\_ Monthly gross salary \_\_\_\_\_

If married, does your spouse work?  Yes  No

Name and address of spouses employer \_\_\_\_\_

Number of years employed \_\_\_\_\_ Monthly gross salary \_\_\_\_\_

### PARAMEDIC CERTIFICATION PROGRAM DATA

Which educational facility will you be attending? \_\_\_\_\_

When do program classes begin \_\_\_\_\_ Registration deadline for program \_\_\_\_\_

Have you been admitted to the program? (Attach acceptance letter)  Yes  No

List admission test score \_\_\_\_\_ Anticipated completion date of program \_\_\_\_\_

### ATHLETIC AND/OR CIVIC MEMBERSHIPS

List any athletic or civic organization memberships and length of Membership \_\_\_\_\_

Have you applied to other sources for funding?  Yes  No

If yes, how much assistance will you receive? \$ \_\_\_\_\_

Are the funds payable to  you or  the school? Payee \_\_\_\_\_

### ATTACHMENTS SUPPORTING INFORMATION

1. Recommendation from Fire Department Supervisor(s).
2. Copy of Admission Test Score
3. Copy of letter of acceptance into Paramedic Certification Program.
4. Copy of most recent pay stubs for you and your wife, if married.
5. A one page essay explaining why you feel you deserve a scholarship.
6. The Board reserves the right to request additional information and/or request an interview.

*The Brian W. Schira "102" Scholarship Fund is an equal opportunity program which awards specific types of scholarships to qualified firefighter applicants without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status or sexual orientation.*

"FOR OFFICIAL USE ONLY – PRIVACY ACT OF 1974"



## APPLICANT'S CERTIFICATION AND ACCEPTANCE OF CONDITIONS

I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge. I understand that submission of an application in no way guarantees that a scholarship will be awarded.

I understand that if I am awarded a scholarship, the funds will be paid in increments directly to the educational facility after I register for each required term.

I understand that if I drop out of the course, all remaining scholarship funds will be returned to the General Scholarship fund for redistribution to other applicants.

I understand that if, for reasons beyond my control, I am unable to complete the program in the required consecutive terms; and the educational facility allows me to place my credit hours on hold, then the remaining unused scholarship funds will be held for no more than 2 years from the original award date. If I still have not completed the program within that time period, all remaining scholarship funds will be returned to the General Scholarship fund for redistribution to other applicants.

I further understand that I have a lifetime eligibility of only one Paramedic Scholarship.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return Application to: The Brian W. Schira "102" Scholarship Fund, Inc.  
P. O. Box 58650  
Cincinnati, Ohio 45258

Board Approved 04-07-13