





Investing in the education of the Shelby County children, who are the heroes left behind.



Lt. Trent A. Kirk Memorial Scholarship Shelby County Fire Line of Duty Scholarship (\$2500)



Our Fallen Heroes Foundation started the Lt. Trent A. Kirk Scholarship Fund to contribute towards the education of child dependents of a Fallen Fighter throughout Shelby County. Education was always a priority for Lt. Kirk and Our Fallen Heroes Foundation continues to honor his legacy through this scholarship fund. The Foundation defines Fallen as any First Responder who has given their lives in the line of duty due to illness or accident related to their career. The scholarship will be available for students planning to attend a university, accredited college or school of higher learning in the United States. The scholarship is for the children of biological or stepchildren of those Fallen Heroes.

I. Scholarship Awards

- a. The Lt. Trent A. Kirk Scholarship Fund is awarded annually.
- b. Scholarship awards will be made on or before May 31st
- c. The Scholarship award year shall be defined as August 1st to July 31st.
- d. Scholarship recipients will be notified by the Founder of Our Fallen Heroes Foundation
- e. A scholarship recipient shall receive a maximum of one scholarship per year

II. Scholarship Application Process

- a. All applications and supporting materials must be mailed to Our Fallen Heroes Foundation and be postmarked no later than April 15th prior to the scholarship award year.
- b. Scholarship applications and supporting materials postmarked after April 15th for any award year may be returned to the applicant.
- c. Application and supporting materials include:
 - i. Completed copy of the Lt. Trent Kirk Scholarship Application
 - ii. An **official** transcript or letter from a school official or from the institution most recently attended. If unavailable, please provide a written explanation and a copy of the highest-level diploma or certificate received.
 - iii. A Statement of Interest of 400 words or less
 - iv. Two letters of recommendation. One letter should be from a teacher, employer, or a member of the community familiar with you and your goals and the other from a member of the fire service. If it is not possible to provide a letter from a member of the fire service, please submit a statement explaining why. If you do not have a letter from a member of the fire service, you must submit a second letter from another source.
 - v. Recent photograph for the Foundation website. Will only be used if you are selected.

III. Educational Institution Classifications

- a. Eligible institutions of higher learning shall include any post- secondary institution requiring a high school diploma or Graduate Equivalent Degree (G.E.D.) for entry to include:
 - i. Any public or private four (4) year accredited college or university
 - ii. Any public or private two (2) year accredited college
 - iii. Any public or private accredited Vocational- Technical College or Training Institution
- b. Please note: If applicants intend on attending any public two year college in TN and will utilize TN Promise to pay for tuition, the applicant is ineligible for this scholarship

IV. Scholarship Award Disbursement

- a. Scholarship award money shall be deposited directly to the university, college or institution of higher learning to which the student is attending.
- b. The award money is credited to an account in the individual's name to be drawn upon for:
 - i. Fees or charges required for tuition.
 - ii. Fees or charges for room and board while attending school,
 - iii. Expenses for text books, course work, lab fees and other materials as required by a course instructor (e.g., goggles, art/drawing supplies, glass slides, etc.) for required course assignments or projects.
- c. Scholarship awards are not transferable to another individual or institution and are forfeited by the recipient upon withdrawal from the institution or upon failure to meet the institution's appropriate standards of academic achievement, conduct, or character.
- d. When a recipient's diagnosed with a chronic or acute illness or traumatic injury which intervenes in his/her ability to enter or continue academic studies at the university, college or institute of higher learning, the payment of scholarship monies may be suspended for a period of twelve (12) months



2019-2020 Application Form Lt. Trent A. Kirk Scholarship Fund Line of Duty Fire Scholarship

Application and required attachments must be postmarked by April 15, 2019. Incomplete or late applications will not be considered.

Applicant's Name:					
	Last		First		Middle Initial
Mailing Address:					
-	Street Ad	dress/P.O. Bo	ox/Apt. Number		
	City		State	Z	ip
The above address	is: o home	o school	o other (checkone)	
E-mail address:					
			Daytime Phone: (
Area	a Code			Area Code	
Date of Birth:		Social S	Security Number:		
FAMILY INFOI	RMATION				
Fallen Firefighter's	Name:				
Department/Agency	y Name:				
Career or Voluntee	r?				
City:				State:	
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DEPARTMENT OF JUSTICE

Did your family receive funds from the Public Safety Officers' Benefits Program? OYes ONo

The Foundation has conducted extensive research in each state to identify the range of benefits available to survivors of firefighters who died in the line of duty. Please be sure to review the Foundation's website at www.ourfallenheroesfoundation.org under the Benefits section to learn more about the educational benefits for which you may be eligible.

EDUCATIONAL BENEFITS

Have you applied to receive educational assistance from public, government, state, or private sources including the Public Safety Officers' Educational Assistance (PSOEA) program? \circ Yes \circ No

If you will be attending a community college and you are eligible for TN scholarship and therefore ineligible for this scholarship.

Will you be receiving any other scholarships? If so, pl	ease list scholarshi	ps and amounts.
<u>Scholarship</u>		<u>Amount</u>
ACADEMIC INFORMATION		
Type of program for which you plan to enroll for the	2019-2020 academ	ic year:
○ Graduate ○ Bachelor ○ Associate ○ T	echnical/Trade	 Certification
Planned Field of Study:		
Anticipated year of Graduation from College:		
Enrolled or Planning to Enroll: • Full-time	o Part-time	
INFORMATION ON THE INSTITUTION YOU The institution must be officially accre		
Name:		
Scholarships will not be awarded u	nless an accredited	institution is indicated.
Financial Aid Office Address: (where the schol	arship check will b	e sent)
City	State	Zip
Phone Number: ()Area Code		
Estimated annual costs for: Tuition \$	Books \$	

REQUIRED APPLICATION DOCUMENT

(These may be attached to your application or mailed separately. However, all must be postmarked by April 15, 2018.)

- An official transcript or letter from a school official from the institution most recently attended. If unavailable, please provide a written explanation and a copy of the highest-level diploma or certification received.
- A Statement of Interest of 400 words or less including:
 - o why you want the scholarship
 - o your personal, educational and career goals
 - o a list of extracurricular, community, and/or volunteer activities. Include dates of participation and a brief description of each activity. You may provide an explanation for lack of involvement under special circumstances.
 - o special circumstances, such as financial hardship, family responsibilities, etc.
 - o any other information you want the Scholarship Committee to consider
- Two letters of recommendation. One letter should be from a teacher, employer, or a member of the community familiar with you and your goals and the other from a member of the fire service. If it is not possible to provide a letter from a member of the fire service, please submit a statement explaining why. If you do not have a letter from a member of the fire service, you must submit a second letter from another source.
- Recent photograph for the Foundation website. Will only be used if you are selected.

You must submit a full application package, even if you have previously received a Foundation scholarship. It is the responsibility of the Applicant to contact the Foundation to ensure that all required documents have been received.

I certify that all of the information contained in this application and attachments is accurate. I understand that the Foundation may verify all information I have provided as part of my					
application for this scholarship.					
Signature	Date				

Send this application and all required information to: Scholarship Committee, Our Fallen Heroes Foundation 6025 Stage Rd, Ste 42-224, Bartlett, TN 38134