



**BRIAN W. SCHIRA
102 SCHOLARSHIP FUND**

2026/2027 FIREFIGHTER EDUCATION SCHOLARSHIP APPLICATION FORM

Postmark Deadline: September 1, 2026

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