

LT. TRENT KIRK
SCHOLARSHIP FUND



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





Lt. Trent A. Kirk Scholarship Fund
Shelby County First Responders Cancer Scholarship (\$2500)



Our Fallen Heroes Foundation started the Lt. Trent A. Kirk Scholarship Fund to contribute towards the education of child dependents of Fallen First Responders within 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 as a result of PTSD/Suicide. 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 Fallen Firefighters, Police, EMS, or Sheriff's Department.

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 first responder agency. If it is not possible to provide a letter from a member of the first responder agency, please submit a statement explaining why. If you do not have a letter from a member of the first responder agency, 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 textbooks, 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
Cancer Scholarship**

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

APPLICANT INFORMATION

Applicant's Name: _____
Last First Middle Initial

Mailing Address: _____
Street Address/P.O. Box/Apt. Number

City State Zip

The above address is: home school other (check one)

E-mail address: _____

Home Phone: (_____) _____ Daytime Phone: (_____) _____
Area Code Area Code

Date of Birth: _____ Social Security Number: _____

FAMILY INFORMATION

First Responder's Name: _____

Department/Agency Name: _____

Career or Volunteer? _____

City: _____ State: _____

Date of Death: _____ Your Relationship to the Fallen 1st Responder: _____

EDUCATIONAL BENEFITS

Have you applied to receive educational assistance from public, government, state, or private sources? Yes No

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

Will you be receiving any other scholarships? If so, please list scholarships and amounts.

<u>Scholarship</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

ACADEMIC INFORMATION

Type of program for which you plan to enroll for the 2019-2020 academic year:

Graduate Bachelor Associate Technical/Trade Certification

Planned Field of Study: _____

Anticipated year of Graduation from College: _____

Enrolled or Planning to Enroll: Full-time Part-time

INFORMATION ON THE INSTITUTION YOU ARE PLANNING TO ATTEND

The institution must be officially accredited at the regional or national level:

Name: _____

Scholarships will not be awarded unless an accredited institution is indicated.

Financial Aid Office Address: (where the scholarship check will be sent)

City

State

Zip

Phone Number: (_____) _____
Area Code

Estimated annual costs for: Tuition \$ _____ Books \$ _____

REQUIRED APPLICATION DOCUMENTS

(These may be attached to your application or mailed separately. However, all must be postmarked by April 15, 2019.)

- 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:
 - why you want the scholarship
 - your personal, educational and career goals
 - 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.
 - special circumstances, such as financial hardship, family responsibilities, etc.
 - 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 First Responder Agency. If it is not possible to provide a letter from a member of the First Responder Agency, please submit a statement explaining why. If you do not have a letter from a member of the First Responder Agency, **you must submit a second letter from another source.**
- Recent photograph for the Foundation website. The photos 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

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