



JASON KIRBY MEMORIAL SCHOLARSHIP

For persons actively pursuing a career in Fire Sciences.

Mail Completed Applications To:
Jason Kirby Memorial Scholarship Fund; PO Box 751765; Dayton, OH 45475

Checks cannot be made to the individual – the Foundation must make awards payable to the Attending Institution.

SCHOLARSHIP MONIES WILL BE DISTRIBUTED THROUGH THE WARREN COUNTY FOUNDATION AND FUNDED DIRECTLY TO THE INSTITUTION YOU WILL BE ATTENDING.

The JASON KIRBY MEMORIAL SCHOLARSHIP FUND has been established through the Warren County Foundation in memory of Jason who was an 18 year member of the Centerville/Washington Township Ohio fire department serving as a part-paid volunteer fire-fighter and EMT. He was an active member and officer of the Washington Township Fire Fighters Association, serving many years as coordinator of the Ice Cream Social and the annual Appreciation dinner. Jason was also the former Treasurer of the Association and had just been elected as President of the Association. He was an assistant fire instructor, a member of the Ohio Task Force 1 Urban Search and Rescue Team and advisor to the Explorers Post 3369. Jason's passion for the fire service carried over to his job as Regional Sales Manager for Lion Apparel. On December 9, 2009, Jason Kirby passed away unexpectedly at age 37. A golf outing takes place annually to support this fund.

Please type or print:

Name (First, Mi, Last): _____ Male Female
 Single Married

Address: _____ Phone Number: (____) _____

City: _____ State: _____ Zip: _____ Cell Phone: (____) _____

Email Address: _____ SSN#: _____ Birthdate: _____

Name of High School _____ Graduated: ___ Yes ___ No Year Graduated _____

Occupation _____ Name of Fire Dept: _____

Date you entered Fire Service _____ Current Title/Rank _____

Type of Dept: Full-time _____ Part-time _____ Volunteer _____

List Other Fire Service Affiliations: _____

INSTITUTION AND COURSE INFORMATION

Institution Name _____ Dept: _____

Address _____
Street Address _____ City _____ State _____ Zip _____

Phone # (____) _____ Student ID _____

Course Title _____ Course # _____

Course Begins _____ Ends _____ Tuition Cost _____

Type of Degree or Accreditation _____