

Scholarship Application
Kansas Chapter
International Association Of Arson Investigators

Personal Information	Name _____ Home Address _____ Phone (h) _____ (w) _____ KIAAI Membership # _____ Department/ Employer _____ Business Address _____
Background Information	Description of Fire Investigation Service IN My Job _____ _____ _____ _____
Training Education Description	Course Title _____ Date (s) _____ Location Of Course _____ Sponsoring Institution _____ Price Of Course \$ _____ Other expenses \$ _____ _____ Amount Request\$ _____ Description Of Course _____ _____ _____
Practical Application Of Training	Description Of The Overall Benefit Of This Training _____ _____ _____ _____ _____

Attach copies of course related documents

Mail this form to: John Mattox Shawnee Fire Department 6501 Quivira, Shawnee KS 66203

You must be a member of the chapter with your dues paid up to be able to receive a scholarship from the chapter.