

WestCoFire SAFER Grant TUITION REIMBURSEMENT REQUEST

benefits@volunteerfirefighter.org

Attn: WestCoFire Tuition 1775 W. State St. #225, Boise, ID 83702



VOLUNTEER FIREFIGHTER INFORMATION: (Please print)

Last Name: _____ First Name: _____

Social Security Number: _____ Date of Birth: _____

Permanent mailing address: _____

City: _____ State: _____ Zip: _____

Primary Telephone _____ Secondary Telephone _____

E-mail Address: _____

Sex (check one): Male: Female: Age: _____

Ethnic Origin*: (Please check one) Hispanic or Latino Non-Hispanic or Non-Latino

Race*: (Please check all that apply) White American Indian/Alaskan Native

Native Hawaiian or Other Pacific Islander

Asian Black or African American

Other: _____

Brief summary of your connection to the community, and desire to participate in this program:

VOLUNTEER COMMITMENT INFORMATION: (Please print)

If you are currently a Volunteer Firefighter or Emergency Responder, fill in the information below.

Department or Agency: _____

Fire Chief/Commissioner/Director: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Beginning Date of Volunteer Service: _____

VOLUNTEER SERVICE COMMITMENT: *As a participant I agree to the following: (Initial ALL)*

- ___ I agree to apply for all available sources of financial aid via the standard FAFSA form.
- ___ I acknowledge that I will be required to reimburse WestCoFire for any and all funds received under the tuition reimbursement program in the event that I do not fulfill my volunteer service commitment standards to the Sponsoring Department/Agency as established in the WestCoFire Tuition Reimbursement requirements, including Firefighter 1 training.
- ___ I will fulfill my duties to the Sponsoring Department/Agency as outlined in my job description, and when unable to perform my required duties I will notify my immediate supervisor as soon as possible.
- ___ I declare that I am a member or will become a member of the Sponsoring Department/Agency.
- ___ I am committing **2 years of service** to the Sponsoring Department/Agency for 1 year (up to \$10,000) in SAFER grant reimbursement towards college tuition.

REIMBURSEMENT OPTIONS:

The following section indicates which form of reimbursement you will be seeking with this program. You may select one **OR** both options (if applicable) to cover education expenses.

1. Tuition Reimbursement for Volunteer

COLLEGE/UNIVERSITY INFORMATION: (Please print)

Name of college or institution from which you will receive your final degree/certificate:

Student Status: Full Time ___ Part Time ___ Current student: YES ___ NO ___

Anticipated graduation date: _____

Major or Certificate Sought: _____

2. Tuition Reimbursement for Volunteer's Family Member:

I am electing to transfer use of STRIVE funds to the following immediate family member:

Student Name: _____ Relation: _____

COLLEGE/UNIVERSITY INFORMATION for STUDENT: (Please print)

Name of college or institution from which you will receive your final degree/certificate:

Student Status: Full Time ____ Part Time ____ Current student: YES ____ NO ____

Anticipated graduation date: _____

Major or Certificate Sought: _____

Term for which reimbursement is being requested: (Term/Year) _____

Total Tuition & Fees (less scholarships & grants): _____

+ Total Book Costs: _____ = **Total Amount Requested:** _____

Please make check payable to: _____

The following documents are required.

Please ensure that each of these are accounted for and sent with this reimbursement request.

- 1) Official College Transcript
- 2) When Did You Last Submit Your FAFSA? _____
- 2) Detailed original tuition and books receipts or online invoice showing \$0 balance; the receipt must show all fees incurred, all payments made, and all financial aid provided to student.

Fire Chief/Commissioner/Director authorization:

By signing below, I confirm that the Volunteer Firefighter listed above is meeting minimum standards for my Department/Agency and is in good standing with the Sponsoring Department/Agency.

Full Name of Chief/Commissioner/Director: (Please Print) _____

Department/Agency: _____

Signature of Chief/Commissioner/Director: _____

Chief/Commissioner/Director Phone Number: (_____) _____

You should receive a reimbursement check within 6-8 weeks of all documents being submitted to us.