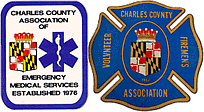
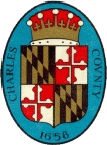
Charles County Fire/EMS Tuition Reimbursement Program



**Charles County Fire/EMS**

**Tuition Reimbursement Program**



**Sponsored By:**

**Charles County Fire & EMS Association**

**and**

**Length of Service Award Program**

[**www.ccvfireems.org**](http://www.ccvfireems.org)

**Tuition Reimbursement Committee**

**Gilbert “BJ” Bowling**

Charles County Commissioner

**G O Lyon**

Board of Fire & Rescue Representative

**Thomas Edwards**

LOSAP Representative

**Rick Bowie**

Fire Association Representative

**Lisa Yates**

EMS Association Representative

**Dennis Tomlinson**

Committee Chairman

**Charles County Fire/EMS Tuition Reimbursement**

This program of tuition reimbursement is for courses leading to a certificate, diploma, or other evidence of qualification required for graduation from an accredited institution. Funds for this tuition reimbursement program are provided by the CCAEMS & CCVFA executive committees thru their annual budget process.

***What is the Criteria?***

Tuition reimbursements under this section shall be awarded to persons:

* Who are entering into college and have volunteered at a Charles County volunteer department for at least one year;
* Who apply to the tuition reimbursement committee, at such time they are starting their first semester of activity.
* Whose applications are reviewed and favorably recommended by the Tuition Reimbursement Committee appointed by the CCVFA and CCAEMS;
* Who are reviewed, approved and recommended by the Tuition Reimbursement Committee on basis of demonstrated aptitude and having obtained a class grade of “C” or better.
* Submit time sheets, transcript, invoice and syllabus (with required books) within 21 days of completion of semester.

***What are the Reimbursement Amounts?***

$1,200 per Semester (spring and fall only)

$600 per Mini-Semesters (summer and mini-winter)

$300 Books

(All these amounts are maximums per semester)

***How Can I Volunteer to Fulfill My Obligations?***

* For the semester in which you are registered, volunteer at a County Fire/EMS department for minimum 24 hours per month.
* MFRI classes will count at half credit (example class is 1900-2200, 1.5 hours will go towards duty time).

***How Do I Apply?***

Complete the tuition reimbursement application. Mail the completed application to:

Charles County Fire and EMS Reimbursement Program

Attention: Dennis Tomlinson (scholarship@ccvfireems.org)

3680 Mount Aventine Road

Indian Head, MD 20640

or

Drop off at:

Bryans Road VFD Station #11

3099 Livingston Road

Bryans Road, Maryland 20616

No faxes will be accepted.

***Where Can I Get An Application?***

Applications are available on line at ccvfireems.org. You may also email your request to [scholarship@ccvfireems.org](mailto:scholarship@ccvfireems.org) or call (240) 507-4928 to have an application e-mailed to you.

***When Are Applications Due?***

Applications are due at the beginning of the first semester that you will request reimbursement funds. Within 21 days of completing the semester you will need to submit the following documentation:

Time sheets signed by a station chief officer

Transcript

Invoice for classes

Invoice for books with copy of what books were required for class (from syllabus)

***What if I Do Not Fulfill My Requirement?***

Should the applicant not complete 24 hours per month while attending classes or does not obtain a “C” minimum grade, no reimbursement will be provided.

\*\* Please note that if applications exceed available funds all reimbursements will be pro-rated by the committee.

**ALL FIELDS ARE REQU****IRED. PLEASE PRINT NEATLY.**

*The Charles County FIRE/EMS Tuition Reimbursement program is open to any member, in good standing and with at least one (1) year of service in any Charles County Volunteer Fire and EMS Company and who maintains at least twenty-four (24) hours of service per month during the period, or semester, of reimbursement. For more information please see the program documentation at* [*www.ccvfireems.org*](http://www.ccvfireems.org)*, or contact the Committee Chair, Dennis Tomlinson Cell (240) 507-4928.*

**Application for Tuition Reimbursement**

**Charles County Volunteer FIRE and EMS Associations**

**Charles County Board of Fire and Rescue Commission**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Name** | | | | | | | | **Date of Application** |
| **Address** | | | | | | | | |
| **City** | | | **ST** | | | | **ZIP** | |
| **DOB** | | | | **SSN** | | | | |
| **Phone** | | | | **Email** | | | | |
| **2** | | **FIRE/EMS Station** | **How long have you been a volunteer at your current Company?** | | | | | | |
| **Do you have prior FIRE/EMS experience with another Company, if so where and for how long?** | | | | | | | |
| **3** | **High School** | | | | | **Year of Graduation** | | | |
| **Full Name and Address of the Institution you will be attending in which you are applying for reimbursement. Please attach a copy of your Acceptance Letter.** | | | | | | | | |
| **Web Address of Institution** | | | | **Semester for which you are applying for reimbursement** | | | | |
| I certify, to the best of my knowledge, that the facts contained in this application are true and accurate. Further, I understand that if granted reimbursement, falsified statements or omission of facts on this application shall be grounds for removal from the program and I may be required to repay any disbursements. | | | | | | | | | |
| **Signature of Applicant** | | | | | | | **Date** | | |

**STUDENT AGREEMENT**

**(Charles County Fire and EMS Reimbursement Program)**

**THIS AGREEMENT** is entered into this day of ,

20 , by and between Charles County, Maryland, hereinafter referred to as “County” and , hereinafter referred to as “Student.”

**IN CONSIDERATION** of the premises contained herein and the promises each to the other made, the parties do agree as follows:

**ARTICLE I – CATEGORY OF WORK AND SERVICES**

The Student shall assume the duties as assigned by the Station officers or supervisor. This will include responding on incidents, general clean up and training, etc.

**ARTICLE II – PLACEMENT**

The Student agrees to provide 24 hours per month, for the semester in which they are enrolled. Each applicant will be reviewed on an individual basis as to the hours they will be assigned to insure we do not interfere with the students’ ability to attend school.

Students are responsible for submitting hours they provided. Credits due the Student hereunder will be monitored upon the submission to the Tuition Reimbursement Committee . Statements shall also contain the following information:

a) Place at which services were performed.

b) The total number of duty hours performed.

c) Signed by Supervisor.

**ARTICLE III – TERM**

Notwithstanding any other provisions of this Agreement or other document to the contrary, the Student may terminate this Agreement at any time upon written notice, however, the Student may be subject to forfeiture of funds for the tuition program for which they have been placed.

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| --- | --- | --- | --- | --- |
| CHARLES COUNTY, MARYLAND | |  | STUDENT | |
|  |  |  |  |  |
| Chief’s Signature | |  | Student Signature |  |
|  |  |  |  |  |
| Chief’s Printed Name | |  | Student Printed Name |  |
|  |  |  |  |  |
| Date |  |  | Date |  |

**Fire/EMS Tuition Reimbursement**

**Volunteer Duty Sheet**

**Station:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Signature**

**Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Date** | **Work** | **Hours** |
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| **Chief/Designated Person Printed** |  | **Chief/Designated Person Signature** |
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