Charles County Fire/EMS Tuition Reimbursement Program





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Sponsored By:

Charles County Fire & EMS Association and Length of Service Award Program

www.ccvfireems.org

Tuition Reimbursement Committee

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LOSAP Representative

Rick Bowie

Fire Association Representative

Roberta Spalding

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. The funds provided are not meant to fully pay for your education but provide some assistance. 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 and completing a minimum of 24 hours of documented time for their station and/or the associations.
- 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 and/or the association 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 or email 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 # 113099 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 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) A voided bank deposit slip that includes the routing number and account where you want the funds deposited

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.

When and how does the applicant receive their reimbursement?

Once the submission is reviewed and validated any funds approved will be direct deposited to your account.

** Please note that if applications exceed available funds all reimbursements will be prorated by the committee.

Application for Tuition Reimbursement

Name					Date of Application
Address					
City	City		ST		
DOB			SSN		
Phone			Email		
FIRE/EMS Station	How long have you	How long have you been a volunteer at your current Company?			
Do you have prior FIRE/EMS	experience with another	Company, i	f so where and for	how long?	
High School			Year of Graduation		
Full Name and Address of the of your Acceptance Letter.	ne Institution you will be at	ttending in	which you are appl	ying for reimburs	ement. Please attach a co
Web Address of Institution			Semester for which	ch you are applyir	ng for reimbursement
to the best of my knowled tand that if granted reimbu If from the program and I n	rsement, falsified state	ments or o	omission of facts		
Sig	nature 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 The Student shall assume the duties as ass supervisor. This will include responding on incide	signed by the Station officers or				
ARTICLE II – PLACEMENT The Student agrees to provide 24 hours p are enrolled. Each applicant will be reviewed on will be assigned to insure we do not interfere with Students are responsible for submitting he student hereunder will be monitored upon the sub Committee. Statements shall also contain the fol a) Place at which services we b) The total number of duty he c) Signed by Supervisor.	an individual basis as to the hours they the the students' ability to attend school. burs they provided. Credits due the tomission to the Tuition Reimbursement lowing information: the performed.				
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.					
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:		
Date	Work	Hours
Chief/Designated Person		ef/Designated Person