



MSFA SAFER GRANT

Tuition Reimbursement Incentive Program Application

Application Date: _____

Applicant Information:

Name of Applicant: _____

Name and relationship of immediate family applying for: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____

Email: _____

College Information:

College or University or other institution of higher learning you or your family member(s) attends:

Address: _____

You or your family member's current student status:

Full Time (12 or more credit hours in two or more consecutive semesters)

Part-Time (6 to 11 credit hours in two or more consecutive semesters)

Occasional (less than 6 credit hours in two or more consecutive semesters)

Freshman Sophomore Junior Senior Other

Cumulative Grade Point Average (GPA): _____

Certificate/Degree/major being pursued:

High School and date of graduation: _____

Firefighter Status:

Your current rank: _____ Date of Membership (mm/dd/yyyy): _____

Maryland State tax subtraction modification program points received in previous year: _____

How do you plan to meet the requirement for your one year call/volunteer fire service commitment if you receive the scholarship? (If necessary, use a separate sheet)

Explain why the tuition reimbursement is necessary in order to remain active in your department?

I have read the criteria for this scholarship program and agree to abide by it. I declare that all statements herein are complete and correct to the best of my knowledge.

Applicant's Signature: _____

Date: _____

Please attach to this application to the following documents:

- _____ Transcript from accredited institution.
- _____ Receipt of payment from cashier's/ Bursar's office.
- _____ Maryland State tax subtraction modification program certificate from most recent year