



Maryland State Firemen's Association Policies and Procedures Tuition Reimbursement Incentive

Final Incentive Submission Opens April 4, 2019; **DEADLINE May 1, 2019**

POLICY

It shall be the policy of the Maryland State Firemen's Association to maximize the retention of qualified active volunteer fire and rescue personnel through the use of a SAFER funded College Tuition Reimbursement Program for any active and in good standing member or a member of their immediate family.

The Tuition Reimbursement Period will be for:

Fall Semester 2018

Spring Semester 2019

All applications must be received by May 1, 2019 for consideration.

Applications must be sent to Skip Mahan - MSFA Project Manager- dmahan@zoominternet.net

DEFINITIONS

Active Volunteer Personnel – Fire department personnel that have earned a year of service under the Maryland State Tax subtraction modification program (also known as LOSAP in some counties)

Tuition Reimbursement – A payment (maximum of \$4,000.00 per application, application is for two semesters) to qualified active volunteer personnel or their immediate family members for the expressed purpose of encouraging attendance and proper education and approved institutions of higher learning.

Approved Institution of Higher Learning – In general any institution that offers college level course.

Full-time Student – A student who is taking 12 or more credit hours in two or more consecutive semesters.

Part-time Student – A student who is taking 6 to 11 credit hours in two or more consecutive semesters.

Casual Student – a student who does not meet the definition of a Full-Time or Part-Time Student, a student taking less than 6 credit hours per semester in two or more consecutive semesters.

Reimbursement Application – An association produced application must be filed with the SAFER Grant Project Coordinator, stating all particulars regarding the request for reimbursement and identifying the level of eligibility for consideration.

Transcript – A transcript of previous and any current completed courses, grades and semester credit hours for each course taken by the applicant.

Sufficient Grade Point Average – To qualify for tuition reimbursement, an applicant must show, via a school transcript from the Approved Institution of Higher Learning, a minimum of a C average or above for the course studies completed.

Official Receipt of Payment – Proof of payment showing the cost of all courses for the period during which the request for consideration is being applied for.

Appeal – Applicants denied tuition reimbursement may appeal to the MSFA within fifteen days of receiving denial of the reimbursement.

Final Authority – The MSFA shall serve as the final authority for administration of the Tuition Reimbursement Program.

GENERAL INFORMATION

Applicants **MUST** be current active members in good standing within their Fire Department. Applicant must show cause that they cannot afford the tuition for their child or themselves without having to take on a 2nd or greater job that would reduce or eliminate the time that they currently spend volunteering in the community. Applicants or Applicants' family member must be a high school graduate or equivalent.

Tuition Reimbursement is for any field of study at an accredited institution of higher learning. Students may only apply for two semesters this reporting period. A maximum of \$4,000 will be reimbursed to each qualified & approved recipient, regardless of total funds expended by the student.

Should there be insufficient applications, the SAFER Grant Project Manager reserves the right to provide additional reimbursement to qualified recipients on a case by case basis, based upon participation and level of school activity.

The decision on funding Tuition Reimbursements shall be made within ten (10) days following the submission window for this application period. The amount of the award may not exceed the actual cost of tuition and fees charged for courses.

When accepting money via the Tuition Reimbursement Program, recipients must sign a legal contract committing to the provision that the applicant active provider services for a period of one year following the award. In doing so, the recipient acknowledges that the failure to do so will result in a legal obligation to remit the exact amount of the reimbursement to the Maryland State Firemen's Association within ninety days of the end of the calendar year in which the recipient failed to meet stated requirements.

*This is a Tuition Reimbursement Program. Qualified recipients will only receive monies after successful payment of funds of the semester for which funding is being requested and with proof current enrollment.

PROCEDURE

Applicants must complete the Maryland State Firemen's Association Tuition Reimbursement Application (attached). The application, along with required documentation, including transcript, receipt of payment for courses and proof of other consecutive semester enrollment shall be forwarded via email to the MSFA SAFER Grant Project Coordinator immediately upon completion of the semester.

Following verification of active status for the previous calendar year, the applicant being a member in good standing, and the applicable priority of: Full-Time, Part-Time or Casual Student; reimbursements will be decided on the criteria required by FEMA, the SAFER Award, and additional considerations made by the MSFA. Applicants will be notified in writing of the decision of their application. Payment will be mailed in accordance with SAFER payment timelines the following month.



MSFA SAFER Grant Project Reimbursement Affidavit

Project Name: Tuition Reimbursement Program

Individual Applying: _____

Address: _____

Cell Phone: _____ Fire Company Phone: _____

Fire Company Name: _____

Fire Company County: _____ FID# _____

School Year applied for: _____

Semester Applied for: _____

I, _____, (any commanding officer of the department) hereby attest and affirm that the member listed above is: in good standing, has met the Maryland State tax subtraction modification program requirements and is an active firefighter within our department.

This affidavit must be witnessed, dated and signed by an authorized representative from the department.

Signature of Commanding Officer within of your department: _____

Name of Committee Member/Representative: _____

Signature of Committee Member/Representative: _____

Approved by:

SAFER Project Manager: (Signature) _____ Date: _____

SAFER Grant Manager: (Signature) _____ Date: _____



MSFA SAFER GRANT Tuition Reimbursement Incentive Program

Contractual Participation Agreement

I, _____, acknowledge receipt of payment made to me by the Maryland State Firemen's Association through funding provided by the Federal S.A.F.E.R. Grant Program in the amount of \$_____.

I further acknowledge receipt of the Tuition Reimbursement Incentive Program policy ("Tuition Policy"), which shall be incorporated by reference herein and understand the requirements both, to receive funding, as well as following receipt of funding, and agree to all of the terms and conditions thereto.

I acknowledge and agree that I must maintain an active firefighter classification with my Department under the requirements of the Maryland State tax subtraction modification program (LOSAP in some counties), attaining a minimum of fifty (50) points during the Calendar Year _____.

I am fully aware that, should I not maintain a fifty (50) point minimum in the Program during Calendar Year _____ and/or should I fail to abide by any of the other obligations set forth in the Tuition Policy, I shall be required to repay the entire Tuition Reimbursement funding that was granted to me.

Should I be required to repay this amount, I shall have a ninety (90) day period in which to remunerate funds to the Maryland State Firemen's Association, following discovery of my failure to meet the stated requirements of the program. Furthermore, I agree to indemnify, defend and hold harmless, the Maryland State Firemen's Association (and their respective directors, officers, employees, agents, successors, and assigns) from and against any and all third party actions, suits, proceedings, judgments, demands or claims, liabilities, losses or expenses whatsoever (including reasonable outside attorneys' and accountants' fees) incurred in connection with or arising from my breach or alleged breach of an agreement, representation or warranty of mine made hereunder.

Print Name: _____ Signature: _____

Date: _____

Approved By: MSFA Project Coordinator: _____

MSFA Grant Manager: _____



MSFA SAFER GRANT Tuition Reimbursement Incentive Program Application

Application Date: _____

Name of Applicant: _____

Name and relationship of immediate family applying for: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____

Email: _____

College or University attending:

Address: _____

You or your family member's current college/university 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): _____

Degree/major being pursued: _____

High School and date of graduation: _____

Firefighter Status:

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 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