

# NSVFA "STRIVE"

State Tuition Reimbursement as Incentive  
for Volunteer Emergency Responders

Submit documents to  
*benefits@volunteerfirefighter.org*



## **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:  Member of NSVFA: Yes:  No:

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:*

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## **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 NSVFA 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 NSVFA STRIVE 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 \$4,400) 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 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:** \_\_\_\_\_

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? \_\_\_\_\_
- 3) 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, is an active volunteer, 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.