



Maryland State Firemen's Association

Policies and Procedures

Tuition Reimbursement Incentive Program

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 member or a member's immediate family.

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 of a minimum of \$2,000.00 per semester 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 matriculating college or university student, who is taking 12 or more credit hours in two or more consecutive semesters.

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

Casual Student - a matriculating college or university 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 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 for which application is being presented for reimbursement.

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 Oversight Committee within fifteen days of receiving denial of the reimbursement.

Final Authority - The SAFER Oversight Committee 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 college or university.

Students may only apply for two semesters per year. Students will not receive funding for a third semester in any given year.

A maximum of \$2,000 will be reimbursed to each qualified recipient per semester, regardless of total funds expended by the student. Should there be insufficient applications, the SAFER Grant Project Coordinator reserves the right to provide additional reimbursement to qualified recipients, upon approval of the Grant Oversight Committee, on a case by case basis, based upon participation and level of school activity.

The decision on funding Tuition Reimbursements shall be made per semester, within thirty (30) days following the submission window for each semester.

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 completion of the semester for which funding is being requested and with proof of successful completion.

The Tuition Reimbursement Program is valid for School Years 2014 through 2018.

PROCEDURE

Applicants must complete the Maryland State Firemen's Association Tuition Reimbursement Application.

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.

Application packets will be accepted from February 1st through March 1st for the previous fall semester and from July 1st to August 1st for the spring semester. Summer semester packets will be accepted from October 1st through November 1st. **The fall semester of the 2014, the spring, summer and fall of 2015 school year shall be granted an exception and may be submitted for a period of thirty days following the effective date of this policy, which will be broadcast to the entire active membership.**

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 a "first come first serve" basis and will end upon depletion of funds provided by the SAFER grant. Thus, the applications that are submitted first shall be given first consideration for funding, providing all other requirements have been met.

Applicants will be notified in writing of the amount that they will be receiving prior to final reimbursement.

FUNDING

Funding for this program is contingent upon a Federal SAFER Grant, for a period not to exceed four years. Should this funding be withdrawn or eliminated, this Program could be eliminated.

EFFECTIVE AND SUNSET DATES

The effective date of this Policy is June 1, 2016. Unless otherwise provided, the sunset date of this Policy shall be at the conclusion of the summer term of classes in 2018.



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 you or your family attends:

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:

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 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



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: _____



SAFER Grant Project Reimbursement Affidavit

Maryland State Firemen's Association

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: _____