

Charles County Fire/EMS Tuition Reimbursement Program



**Charles County Fire/EMS
Tuition Reimbursement Program**



Sponsored By:

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

www.ccvfireems.org

Tuition Reimbursement Committee

Bobby Rucci

Charles County Commissioner

G O Lyon

Board of Fire & Rescue Representative

Thomas Edwards

LOSAP Representative

Lynn Gilroy

Fire Association Representative

Brent Huber

EMS Association Representative

Ronnie Burns

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 in Maryland, District of Columbia or Virginia including on line institutions. Institutions in other states will be considered on a case by case basis.

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.
- 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 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 the completed application to:

Charles County Fire and EMS Reimbursement Program
Attention: Ronnie Burns (burnsron@verizon.net)
8765 Lowell Road
Pomfret, MD 20675
or
Westlake Fire Station #12
7000 St. Florian Drive
Waldorf, Maryland 20603

You may also drop off your application in person at Westlake Fire Station 12 at the same address. No faxes will be accepted.

Where Can I Get An Application?

Applications are available on line at ccvfireems.org. You may also call (240) 375-8353 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)

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.

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



Application for Tuition Reimbursement

ALL FIELDS ARE REQUIRED. PLEASE PRINT NEATLY.

1	Name		Date of Application
	Address		
	City	ST	ZIP
	DOB	SSN	
	Phone	Email	
2	FIRE/EMS Station	How long have you been a volunteer at your current Company?	
	Do you have prior FIRE/EMS experience with another Company, if so where and for how long?		
3	High School	Year of Graduation	
	Full Name and Address of the Institution you will be attending in which you are applying for reimbursement. Please attach a copy of your Acceptance Letter.		
	Web Address of Institution	Semester for which you are applying for reimbursement	
I certify, to the best of my knowledge, that the facts contained in this application are true and accurate. Further, I understand that if granted reimbursement, falsified statements or omission of facts on this application shall be grounds for			
Signature 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 AND SERVICES

The Student shall assume the duties as assigned by the Station officers or supervisor. This will include responding on incidents, general clean up and training, etc.

ARTICLE II – PLACEMENT

The Student agrees to provide 24 hours per month, for the semester in which they are enrolled. Each applicant will be reviewed on an individual basis as to the hours they will be assigned to insure we do not interfere with the students’ ability to attend school.

Students are responsible for submitting hours they provided. Credits due the Student hereunder will be monitored upon the submission to the Tuition Reimbursement Committee . Statements shall also contain the following information:

- a) Place at which services were performed.
- b) The total number of duty hours performed.
- c) Signed by Supervisor.

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: _____

Volunteer Name: _____

Month: _____

Date	Work	Hours

Volunteer Signature

Chief/Designated Signature