

CAROLINE COUNTY FIRE AND RESCUE TUITION REIMBURSEMENT FUND

17202 RICHMOND TURNPIKE • BOWLING GREEN, VIRGINIA 22427

REQUIREMENTS FOR TUITION REIMBURSEMENT

Reimbursement is available from the Caroline County Department of Fire and Rescue Tuition Reimbursement Fund to Volunteer and Career personnel for classes that are Fire-Rescue related. **A limit of \$250.00 per person per calendar year will be set and adhered to, as long as funds are available. If full funding is not available, a prorated formula based on available funding will be used.** Upon acceptance of these funds the recipient agrees to sign an agreement stating that they will provide the County with two years of service from the time the funds are received or that they will pay back any monies received prior to leaving the County.

REIMBURSEMENT POLICY

Persons considering taking educational/training courses must submit their request to the Director of Fire-Rescue. Applications will be accepted on a quarterly basis. **The deadlines will be as follows: March 15, June 15, September 15 and December 15. Any applications not received by the deadline for the current quarter will be held for consideration in the next cycle.** This program is intended to cover educational/training courses beyond EMT-Basic, Firefighter I & II, Haz Mat Awareness, Haz Mat Operations and Healthcare Provider CPR, which are funded through operational budgets.

The request must include the total cost of the course (minus textbooks) and all pertinent details and information concerning the course. The request must clearly demonstrate how the course is Fire-Rescue related.

In order to receive reimbursement of educational costs, requests for educational assistance must be approved **prior to** enrollment. The person requesting assistance must bear the initial cost of registration, textbooks, and other fees necessary for enrollment.

In determining whether to approve a request for educational assistance, the following will be considered:

1. The nature and purpose of the course of study.
2. The benefits derived by the person and the County.
3. The level of responsibility and the length of service of the person.
4. The estimated cost.

The amount of assistance paid by Caroline County Department of Fire and Rescue is based upon the grade received for the course. For a grade of "C" or higher, the amount of assistance will be 100%. There will be no assistance for a grade lower than "C". For a pass/fail course, the amount of assistance will be 100% of reimbursable costs upon passing the course.

Upon completion of the course the person will submit to the Director of Fire-Rescue an official transcript of grades or a completion certificate and receipts for reimbursable costs. The Director will then authorize reimbursement for the applicable costs and fees.

APPLICATION INFORMATION

Mail application and supporting information to:

**CAROLINE COUNTY FIRE AND RESCUE
TUITION REIMBURSEMENT FUND
17202 RICHMOND TURNPIKE
BOWLING GREEN, VIRGINIA 22427
Or email to : efuzy@co.caroline.va.us**

CAROLINE COUNTY FIRE AND RESCUE TUITION REIMBURSEMENT FUND

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| DATE OF BIRTH: MO. _____ DAY _____ YEAR _____ NAME: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> LAST FIRST MIDDLE </div> HOME ADDRESS: _____ <div style="display: flex; justify-content: center; width: 80%; margin: 0 auto;"> NUMBER AND STREET </div> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> CITY STATE ZIP </div> | LENGTH OF SERVICE _____ NAME OF DEPARTMENT _____ CITY STATE ZIP _____ LEVEL OF RESPONSIBILITY _____ |
|--|--|

EDUCATION: ENTER NUMBER OF YEARS COMPLETED: HIGH SCHOOL _____
 COLLEGE _____
 CURRENT GRADE POINT AVERAGE _____

OTHER: _____

ARE YOU ELIGIBLE FOR, OR ARE YOU RECEIVING EDUCATIONAL FUNDING FROM ANOTHER SOURCE?
 YES ____ NO ____
 IF YES, EXPLAIN: _____

INSTITUTION AND COURSE INFORMATION

NAME OF INSTITUTION: _____

COURSE DATES: _____ TO: _____

ADDRESS: _____ ACADEMIC CREDIT GRANTED: _____

COURSE TITLE AND NUMBER: _____ TUITION COST: _____

DESCRIPTION OF COURSE, BENEFITS DERIVED BY STUDENT, BENEFITS DERIVED BY COUNTY :

In applying for consideration, I am aware that any grant will be applied against my tuition. In the event my course does not cost the full amount of the grant, I am eligible only for the amount of the tuition.
 I declare that all statements herein are complete and correct to the best of my knowledge.

 SIGNATURE OF APPLICANT

 DATE OF APPLICATION

DIRECTOR OF FIRE / RESCUE USE

- | | |
|--|---|
| <input type="checkbox"/> Does not meet objectives | <input type="checkbox"/> Application approved \$ _____. |
| <input type="checkbox"/> Does not meet eligibility | <input type="checkbox"/> Reject |
| <input type="checkbox"/> Application not complete | |