



TUITION ASSISTANCE REIMBURSEMENT FORM

RIAFC SAFER Grant Program: 12/2/2024 - 12/1/2028

To request reimbursement for Tuition, please complete this form and enclose all required documentation. Please send the completed packet and any inquiries to Aletia Flaherty: aletia@volunteerfirefighter.org / 855-VOL-FIRE

Volunteer (Student) Information:

Full Name: _____

DOB: _____ Social Security #: _____

Mailing Address: _____

Email: _____ Phone: _____

Volunteer Start Date: _____

Department Information:

Department/Agency: _____

Chief Name: _____

Email: _____ Phone: _____

Volunteer Service Commitment: *As a participant, I agree to the following (must check ALL):*

- I am an active member or will become an active member of the Sponsoring Department/Agency.
- I will serve the Sponsoring Department/Agency for a minimum of **two years** in order to receive up to \$5,000 tuition reimbursement via RIAFC's SAFER grant.
- I will fulfill my duties to the Sponsoring Department/Agency as outlined in my job description (including training requirements), and when unable to perform my required duties, I will notify my immediate supervisor ASAP.
- I acknowledge that I will be required to reimburse the RIAFC Foundation for all funds received under the tuition assistance program if I do not fulfill my volunteer service commitment to the Sponsoring Department/Agency.

Signature of Volunteer: _____

