



# TUITION ASSISTANCE REIMBURSEMENT FORM

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

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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](mailto: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 **\$10,000** 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: \_\_\_\_\_

