

MONTGOMERY COUNTY
OFFICE OF HUMAN RESOURCES
Training & Organizational Development Team

BEFORE YOU SEND US YOUR TUITION ASSISTANCE APPLICATION, DID YOU . . .

- √ Earn 50 or more LOSAP points in the previous calendar year, making you an “active” volunteer?
 - √ Fill out the new and approved application form for FY 2009? Remember that *course work must be taken during your off-duty hours. Fiscal years begin July 1 and end June 30 – classes must be submitted with the FY it is taken.*
 - √ Check the form for accuracy and completeness?
 - ☞ Did you include the correct class title/class number?
 - ☞ Is the cost accurate? Only tuition and mandatory fees are covered.
 - ☞ Have you filled in all the blocks? Incomplete information may delay processing of your request.
 - √ Sign the form?
 - √ Make sure the form is signed by LFRD President, then forward two copies of your application to the Volunteer Services Division Chief’s Office (12th Floor, EOB) for signature. (It will then be hand carried to the Office of Human Resources, EOB 7th floor). Photocopies are acceptable.
 - √ Allow at least 2 weeks processing time after you send the application to the Training and Organizational Development Team in OHR. You also need to allow sufficient processing time in your department. The voucher letter we prepare for the educational institution is good for only 30 days.
 - √ Include a copy of your grades or certificate of completion from the previous course paid for by OHR? (This applies only to previous participants. New applicants may disregard this step).
 - √ Include proof of payment if applying for a reimbursement for courses taken during this fiscal year?
 - √ **Familiarize** yourself with the program’s guidelines and your responsibilities. Program guidelines are outlined in the OHR Topics for MCVFRS.
 - ☞ **Fire/Rescue Personnel**

The Maryland Higher Education Commission provides tuition assistance to firefighters, ambulance and rescue squad members who are working towards a degree or certificate in *either Fire Service Technology or Emergency Medical Technology*. For more detailed information or to obtain an application call (410) 260-4532.

For employees who pursue job related course work or degree/certificates other than *Fire Service Technology or Emergency Medical Technology* may seek tuition assistance through the County’s Tuition Assistance program.
- FOR MORE INFORMATION, Call (240) 777-5000 or go to the web site <http://www.montgomerycountymd.gov> Click on Government. Then Select HR Resource Library, Training and Tuition Assistance folder respectively to view the information.**



Tuition Assistance Application

Montgomery County Volunteer Fire and Rescue Association, Inc.

APPLICATION FOR (Check one): FALL ___ WINTER ___ SPRING ___ SUMMER ___ 200 ___

First Name	Middle Name	Last Name	Social Security #
Home Address	Home Phone	Cell Phone	

Station #	Station Address	Office Phone Number	Fax Number
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Have you previously had tuition assistance? Yes ___ no ___

COURSE(S) REQUESTED

Course #	Course Title	# of Credits	Tuition Cost
		\$ _____	
		\$ _____	
		Estimated Cost Fees	\$ _____
		(BOOKS NOT INCLUDED)	
NAME OF SCHOOL _____		Estimated TOTAL EXPENSES	\$ _____

Course Registration Date: _____ Course Starting Date: _____ Ending Date: _____

EDUCATIONAL OBJECTIVE:

Please complete the one category that best describes your educational objectives: (VTAP or VITAP)

1. VTAP (Volunteer Tuition Assistance)

DEGREE OBTAINING: CERT AA BA/BS MA/MS PHD Other _____

MAJOR:

How does this degree/course(s) relate to your volunteer job with Montgomery County?

2. VITAP (Volunteer Improvement Tuition Assistance)

NON-DEGREE: Course work improves or maintains the skills required in your volunteer job which are NOT leading to a degree. **A COPY OF THE COURSE DESCRIPTION FROM THE EDUCATIONAL INSTITUTE MUST BE ATTACHED TO THIS APPLICATION.**

EXPLAIN HOW THE ABOVE COURSE(S) IS RELATED TO YOUR CURRENT POSITION:

VOLUNTEER CERTIFICATION: I hereby certify that the above statements are true and correct. I understand that 1) tuition assistance benefits are limited to the costs required to pay for tuition and required fees *which are not being met by any other educational benefits or scholarship*, 2) I am obligated to reimburse the County for any funds expended for courses approved under this application: a) for which I fail or withdraw, and b) if I fail to remain active volunteer with the County Government for *one year* after the completion of courses funded under the tuition assistance program.

Signature _____ Date _____

(Over)

PARTICIPANT'S INSTRUCTIONS: Submit (2) copies signed by LFRD President and MCFRS Chief (or designee). Official grade notice for last

course(s) completed under Tuition Assistance must be submitted as soon as it is received from the educational institution or at the time of application whichever comes first. ***It is the volunteer's responsibility to submit grade notices to OHR.*** Submit completed and signed application to the Office of Human Resources, Training & Organizational Development Team, Executive Office Building, 7th Floor. For further information call (240) 777-5000.

RECOMMENDATIONS: Please provide the requested information on applicant. (This section to be filled and signed by LFRD President)

LFRD PRESIDENT

1. Applicant is an active Volunteer and he/she appears on the most recent certified list of active volunteers.
Yes ___ No ___
2. Applicant is qualified under the point system in the Montgomery County Code, Section 21-21. Yes ___ No ___
3. Volunteer's Educational Objective (please check the appropriate statement) :
_____ Career Development/ Degree or Certificate Program
_____ Volunteer Improvement / Maintains or Improves Skills for Current Position

RECOMMENDATION: APPROVAL _____ DISAPPROVAL _____

Please briefly describe the basis for disapproval.

Signature and Title

Date

Montgomery County Fire and Rescue Service Chief (This section to be filled and signed by Montgomery County Fire Chief or his/her designee)

I _____ concur _____ do not concur with the recommendation of the President of the LFRD.

REMARKS:

Signature and title

Date

OFFICE OF HUMAN RESOURCES ACTION

Previous tuition assistance received under tuition assistance by applicant during the fiscal year for which this application is made.

\$ _____ Application Approved for \$ _____, Application Disapproved _____

THIS COURSE(S) IS _____ IS NOT _____ PART OF A PROGRAM OF STUDY THAT COULD QUALIFY THE EMPLOYEE FOR A NEW TRADE OR BUSINESS

Office of Human Resources Coordinator's Signature

Date

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