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| **BEFORE YOU SEND US YOUR TUITION ASSISTANCE APPLICATION, DID YOU . . .** | |
| **** | Fill out the new and approved application form for FY 2020? |
| **** | Remember that ***course work must be taken during your off-duty hours.*** |
| **** | Check the form for accuracy and completeness?  ☞ Did you include the correct class title/class number?  ☞ Is the cost accurate? Only tuition is covered.  ☞ Have you filled in all the blocks? Incomplete information may delay processing of your request. |
| **** | Make sure the form has your original signature? |
| **** | Make sure the form has the original signature of the LFRD President or LFRD Chief? |
| **** | Provide an itemized bill with all costs broken down to include tuition? |
| **** | Provide course description of all courses? |
| **** | Make sure course(s) start date is within the current fiscal year? (FY20 –July 1, 2019 through June 30, 2020)? |
| **** | Make sure all applications and required documents are submitted within the fiscal year? (July 1, 2019 through June 30, 2020)? |
| **** | Provide a justification explaining how the course is related to your current job or career ladder in the same job series or profession? |
| **** | Allow at least 4 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 within your department. The voucher letter we prepare for the educational institution is valid 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? |
| **** | Make sure your original, signed application is sent/delivered to the LOSAP Administrator, MCFRS Division of Volunteer Services Office at 100 Edison Park Drive, Gaithersburg, MD. |
| **** | **Familiarize** yourself with the memorandum of understanding between Montgomery County Government and MCVFRA? |
| **** | **Familiarize** yourself with the program’s guidelines and your responsibilities?  Program guidelines are outlined in the OHR Topics for MCVFRA. |

FOR MORE INFORMATION, call (240) 777-5116

or e-mail the training team at [ohr.tap@montgomerycountymd.gov](mailto:ohr.tap@montgomerycountymd.gov)



*Montgomery County • Office of Human Resources • Training & Organizational Development Team (240) 777-5116*

***New Tuition Assistance Application***

***Montgomery County Volunteer Fire and Rescue Service Association***

**APPLICATION FOR (Check one):** FALL WINTER SPRING SUMMER 20 \_\_\_

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**First Name Middle Name Last Name** **Social Security #**

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**Home Address** **Home Phone** **Cell Phone**

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**Station #** **Station Address**  **Office Phone Number** **Fax Number**

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Have you previously had tuition assistance? Yes No \_\_\_\_\_

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COURSE(S) REQUESTED

**Course #** **Course Title** **# of Credits** **Tuition Cost**

\_ $\_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_\_\_

**NAME OF SCHOOL** TOTAL EXPENSES $ **\_\_\_\_\_\_\_\_\_\_\_**

**Complete School Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Contact at School for Additional Information and Questions**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Web Site**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Course Registration Date:**  **Course Starting Date:**  **Ending Date: \_\_\_\_\_\_\_\_\_\_**

**Time and Day of Week Course(s) Held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course(s) must be taken during off-duty hours.**

***EDUCATIONAL OBJECTIVE:***

**Please complete the one category that best describes your educational objectives:**

1. **Course(s) Leading to Degree**

**DEGREE OBTAINING**: CERT 🞏 AA 🞏 BA/BS🞏 MA/MS🞏 PHD 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAJOR**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ANTICIPATED GRADUATION DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Example: Business Administration)

*Please write a justification below explaining how the above degree is* ***related to your present job functions or career ladder in the same job series or profession or career.*** *( If more space is needed, please attach justification)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2**. **Individual Course not leading to Degree (NON-DEGREE):**

*Please write a justification below explaining how the course(s) above are* ***related to your present job functions or career ladder in the same job series or profession or career.*** *(If more space is needed, please attach justification)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TUITION ASSISTANCE PROGRAM CONDITIONS**

Volunteers interested in participating in the Montgomery County Tuition Assistance Program should carefully review the memorandum of understanding between Montgomery County Government and Montgomery County Volunteer Fire Rescue Association (MCVFRA) for detailed guidance. The following items are particularly important and should be read carefully by all participants:

1. The program exists to provide financial assistance to volunteers for courses which are related to unit member’s current job functions or career ladder in the same job series or profession.
2. Approved Tuition Assistance funds are for **tuition only**.
3. Tuition assistance benefits are limited to the costs required to pay for tuition and up to the allowable limit for volunteers, ***which are not being met by any other educational benefits or scholarship.***

1. Tuition Assistance **does not** cover compulsory fees such as matriculation, registration, laboratory, library, and technology fees. The program also does not cover books, supplies, or extra fees such as late registration or parking.
2. All approved course work must be held in the U.S.A.
3. Tuition Assistance Program **will not fund courses** which are primarily recreational, or utilize a specific faith based method as a primary approach to problem solving or treatment.
4. All approved tuition assistance course(s) must be **taken during volunteer’s off-duty hours**.
5. All approved tuition assistance course work must be completed with a passing grade or certificate of completion or the volunteer must reimburse the county.
6. Volunteers are required to submit the following information along with their application for processing to the LOSAP Administrator.
   * A copy of **Course Description** from the Educational Institution;
   * Itemized bill with all costs broken down to include tuition and all fees;
   * A justification explaining how the course is related to their current job or career ladder in the same job series or profession;
   * A copy of grade report or certificate of completion from previous course(s) paid by the Montgomery County Government Tuition Assistance Program.
7. As a condition of the program, volunteers who participate in this program agree to remain with the County for at least one year after course completion. Should they leave, voluntarily or involuntarily, the amount of money received during the twelve months prior to separation must be returned to the County.
8. Course(s) start date must be within the current fiscal year (FY20 – July 1, 2019 through June 30, 2020).
9. All applications and required documents must be submitted within the current fiscal year (FY20 - July 1, 2019 through June 30, 2020).

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**VOLUNTEER’S CERTIFICATION**:

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND THE TUITION ASSISTANCE PROGRAM POLICY AND ACCEPT ALL THE CONDITIONS FOR PARTICIPATON IN THIS PROGRAM.

Volunteer’s Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT’S INSTRUCTIONS**: Submit application signed by President or Chief of the LFRD. 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 LOSAP Administrator, MCFRS Division of Volunteer Services Office at 100 Edison Park Drive, Gaithersburg, MD. Once it is verified as correct, it will be forwarded to the Office of Human Resources, Training & Organizational Development Team, 255 Rockville Pike, Suite 102. For further information call (240) 777-5116.

**RECOMMENDATIONS**: **Please provide the requested information on applicant.**

**(This section to be filled and signed by the LFRD President or LFRD Chief)**

**LFRD PRESIDENT or LFRD CHIEF –**

**This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant’s Name) meets the following requirements:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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.** | Applicant’s Educational Objective (please check the appropriate statement): | |  |  |  |  |
|  | \* | Degree is related to MCVFRA member current job functions or career ladder in the same job series or profession. (Please see attached course description from the applicant.) | **YES** | **❑** | **NO** | **❑** |
|  | \* | This is an individual course(s) not leading to a degree which is related to MCVFRA member current job functions or career ladder in the same series or profession. (Please see attached course description from the applicant.) | **YES** | **❑** | **NO** | **❑** |
| **4.** | Applicant’s work performance is in good standing. | | **YES** | **❑** | **NO** | **❑** |
| **5.** | Applicant is attending course work during his/her off-duty hours. | | **YES** | **❑** | **NO** | **❑** |

**RECOMMENDATION: APPROVAL DISAPPROVAL \_\_\_\_\_\_\_\_\_**

Please briefly describe the basis for disapproval.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature and title Date

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**Montgomery County Fire and Rescue Service Chief or Designee**

**(This section to be filled and signed by Montgomery County Fire Chief or Designee)**

I concur do not concur with the recommendation of the LFRD President or LFRD Chief.

REMARKS:

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Signature and title Date

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**OFFICE OF HUMAN RESOURCES ACTION**

Previous tuition assistance received under the Tuition Assistance Program 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 VOLUNTEER FOR A NEW TRADE OR BUSINESS.

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Coordinator's Signature Date