



Maryland Fire Chiefs Association
Training/Conference SAFER Scholarship Request



Scholarship Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Current Member of the Maryland Fire Chiefs Association: Yes No

Fire Company Name: _____

Fire Company Address: _____

Name of Training/Conference Program: _____

Dates of Training: _____

Estimated costs:

Travel:	\$	_____
Lodging:	\$	_____
Registration:	\$	_____
Other:	\$	_____
Total estimated cost:	\$	_____

No costs should be incurred by the individual until a determination of eligibility is made by the MFCA SAFER Grant Coordinator.

Any costs incurred prior to a decision by the Coordinator shall be at the member's own expense.

Applicant Signature: _____ Date: _____

The below must be completed by a Chief Officer of your Fire Company

I, _____, hereby attest and affirm that the above individual requesting
Print Name
 above scholarship is an active and a member in good standing of the _____.
Name of Fire Company/Department

Print Name/Rank of Chief Officer: _____

Signature: _____ Date: _____

Office Use Only

Received Date: _____

Approval Date: _____

Project #: _____

MFCA SAFER Grant Coordinator

Signature: _____ Date: _____

MSFA/MFCA SAFER Grant Manager

Signature: _____ Date: _____