

Grant County Fire District 3 Tuition Assistance Application

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Amount requested \$ \_\_\_\_\_ for 20\_\_ (year)

Course/Class(es) to be taken:

Cost:

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

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

Expenses: Description (Books, fees, tuition, lodging etc.)

Cost:

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

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

Education goal (ie: degree, certification, ongoing training, credit hours etc.)

\_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_

Grant Management Committee Member