



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: _____