

- To request reimbursement please complete this form, **after your semester has ended**, and enclose all required forms and receipts listed below. Send the completed packet to: **NSVFA - 1775 W. State St. #225 Boise, ID 83702**

**Student/Volunteer Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Term for which reimbursement is being requested: (Term/Year) \_\_\_\_\_

Total Tuition & Fees (less scholarships & grants): \_\_\_\_\_

+ Total Book Costs: \_\_\_\_\_ = Total amount requested: \_\_\_\_\_

**Tuition Reimbursement:** *The following documents are required. Please ensure that each of these are accounted for and sent to NSVFA at the address listed above.*

- 1) Official college transcript (**mailed or emailed directly from school**)
- 2) Detailed original tuition and books receipts or printed copy of online invoice showing \$0 balance; the receipt must show all fees incurred, all payments made and all financial aid provided to student.
- 3) Proof of meeting LB 886 (Nebraska Statutes 77-3101 to 77-3106) requirements for most recent filing deadline including a copy of State of Nebraska Tax form and supporting documentation used by your Sponsoring Department/Agency to complete requirement of LB886 (NE Statutes 77-3101 to 77-3106).

**Fire Chief/Commissioner/Director authorization:**

By signing below, I confirm that the volunteer listed above is meeting minimum standards for my Department/Agency and is in good standing with the Sponsoring Department/Agency.

Full Name of Chief/Commissioner/Director: (Please Print) \_\_\_\_\_

Department/Agency: \_\_\_\_\_

Signature of Chief/Commissioner/Director: \_\_\_\_\_

Chief/Commissioner/Director Phone Number: (\_\_\_\_\_) \_\_\_\_\_

*You will receive reimbursement within 4-6 of all documents being submitted to us.*

*Direct any inquiries to [kate@volunteerfirefighter.org](mailto:kate@volunteerfirefighter.org)*