

Nebraska State Volunteer Firefighters Association
"STRIVE"

State Tuition Reimbursement as Incentive for
Volunteer Emergency Responders



Attn: NSVFA STRIVE 1775 W. State St. #225, Boise, ID 83702

Application period Spring Semester _____
Must be postmarked March 1st

Application period Fall Semester _____
Must be postmarked Sept 1st

VOLUNTEER INFORMATION: (Please print)

Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Permanent mailing address: _____

City: _____ State: _____ Zip: _____

County: _____

Primary Telephone _____ Secondary Telephone _____

E-mail Address: _____

Member of NSVFA: Yes: ___ No: ___

Sex (check one): Male: ___ Female: ___

Age: _____

Ethnic Origin*: (Please check one) ___ Hispanic or Latino ___ Non-Hispanic or Non-Latino

Race*: (Please check all that apply) ___ White ___ American Indian/Alaskan Native

___ Native Hawaiian or Other Pacific Islander

___ Asian ___ Black or African American

___ Other: _____

*not required to provide, voluntary disclosure of ethnic origin and race.

Brief summary of your connection to the community, and desire to participate in this program:

VOLUNTEER COMMITMENT INFORMATION: (Please print)

If you are currently a Volunteer firefighter or emergency responder, fill in the information below.

Department or Agency: _____

Chief/Commissioner/Director: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Beginning Date of Volunteer Service: _____

If you are not currently a Volunteer, where will you volunteer?

Department or Agency: _____

Chief/Commissioner/Director: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Chief/Commissioner/Director Approval:

Printed Name _____

Signature _____ Title _____

E-mail Address _____

- Check box if the department is fronting all costs for schooling on behalf of the volunteer.** Once the student applies for reimbursement, the monies will be directed to this sponsoring department. All required education and volunteer minimums per the Administrative Guide still apply.

VOLUNTEER SERVICE COMMITMENT: *As a STRIVE participant I agree to the following: (Initial ALL)*

- ___ I agree to apply for all available sources of financial aid via the standard FAFSA form.
- ___ I acknowledge that I will be required to reimburse NSVFA for any and all funds received under the STRIVE program in the event that I do not fulfill my volunteer service commitment standards to the Sponsoring Department/Agency as established in the STRIVE Administrative Guide, including Firefighter 1 training or Introduction to Firefighting at NE State Fire School.
- ___ I fully acknowledge and agree to fulfill the requirements of LB886 (at time of Application and semi-annually or after completion of first calendar year) and will work with my Sponsoring Department/Agency to submit the required documentation proving my eligibility
- ___ I will fulfill my duties to the Sponsoring Department/Agency as outlined in my job description, and when unable to perform my required duties I will notify my immediate supervisor as soon as possible.
- ___ I declare that I am a member or will become a member of the Sponsoring Department/Agency.
- ___ I am committing **2 years of service** to the Sponsoring Department/Agency for 1 year (up to \$4,400) in SAFER grant reimbursement towards college tuition.

REIMBURSEMENT OPTIONS:

The following section indicates which form of reimbursement you will be seeking with this program. You may select one **OR** both options (if applicable) to cover education expenses.

1. Tuition Reimbursement for Volunteer

COLLEGE/UNIVERSITY INFORMATION: (Please print)

Name of college or institution from which you will receive your final degree/certificate:

Student Status: Full Time ___ Part Time ___

Current student: YES ___ NO ___

***if no what is your semester start date?** _____

Anticipated graduation date: _____

Major or Certificate Sought: _____

2. Tuition Reimbursement for Volunteer's Family Member:

I am electing to transfer use of STRIVE funds to the following immediate family member:

Student Name: _____ Relation: _____

COLLEGE/UNIVERSITY INFORMATION for STUDENT: (Please print)

Name of college or institution from which you will receive your final degree/certificate:

Student Status: Full Time ____ Part Time ____

Current student: YES ____ NO ____

****if no what is your semester start date?*** _____

Anticipated graduation date: _____

Major or Certificate Sought: _____