

NEOFPA

Professional Development Fund

2006

NEOFPA will award financial aid grants of an amount to be determined annually, to active members of NEOFPA, to be used for fire service professional education or skills development.

1.) Criteria:

- a. Applicant must have one (1) year active membership in NEOFPA with priority given if assigned to fire prevention education and / or fire inspection.
- b. Applicant must be currently employed by a Northeast Ohio government.

2.) Amount of Grants:

- a. The NEOFPA Executive Committee will determine the amount and number of awards available annually.
 - i. The grant allocation for 2006 will be \$2,000.

3.) Application Period:

- a. Grant application may be submitted to the NEOFPA Treasurer / Executive Board at any time by using the NEOFPA Grant Application form.

4.) Procedure for Disbursing the Financial Aid Grant:

- a. NEOFPA will pre-pay fees based on submitted registration forms and verified lodging and travel expenses.
- b. The recipient will be required to submit known cost and receipts to the NEOFPA Treasurer.

5.) The recipient may be asked to report on the program attended.

Application Form

Professional Development Fund

Must be submitted to NEOFPA Executive Board

Applicant Name _____
Last First Middle

Home Address _____
Number & Street City, State Zip

Home Phone (_____) _____ Work (_____) _____

Employed by _____ Position _____

Number of years in fire service _____ Current member of NEOFPA since _____

Provide either the registration form or the complete name, address and phone number of the institution or program you plan to attend.

Program Dates Location

Contact Person (if known) _____ Phone Number (_____) _____

Indicate the field of study you have chosen to pursue _____

Amount of Financial Aid requested \$ _____

Please state why are you taking this course. How will you benefit from NEOFPA financial aid?

STATEMENT OF APPLICANT: In applying for this NEOFPA Professional Development Grant, I am aware that the financial aid is to be applied toward the fees for the stated program. It is my intention to remain a full time member of the fire service for at least the next two (2) years.

Applicant's Signature

Date

Send this application to:
Fire Marshal Michael Dunton
NEOFPA Treasurer
Cuyahoga Falls Fire Department
1924 Front Street
Cuyahoga Falls, OH 44221

NEOFPA Professional Development Fund

Received by _____

Awarded _____