

NCAFC Tuition Reimbursement Request Form

The North Carolina Association of Fire Chiefs (NCAFC), in partnership with the International Association of Fire Chiefs (IAFC), is pleased to announce the second phase of its Volunteer Workforce Solutions (VWS) program, which works with national, state, and local organizations to support initiatives focused on the recruitment and retention of volunteer firefighters. Phase II will be delivered to the NC Regional Associations (West, Piedmont, East) for selection of up to 18 interested applicants (6 per region) an opportunity to attend classes outside of the fire department. This year the tuition reimbursement will cover up to two (2) classes per individual at no more than \$1,200.00 per class with cap of \$2,400.00 total.

How to apply:

- Complete the Application, Fire Department, and Course Information sections of this form. This application should be reviewed and approved by the Fire Chief of your department. Their signature and current operating budget for training is required to proceed in the application process.
- All submissions should be sent to your regional association—(Eastern, Piedmont, Western) POC.
- Regional Association Selection Committee should select 6 Volunteer Firefighters and/or Volunteer officers for consideration.
- Regional associations should forward via email to Tracy Mosley at tmosley@ncafc.com NO LATER THAN June 21, 2021 the completed NCAFC Tuition Reimbursement Request Form for final approval.
- Submit a receipt documenting payment of tuition for classes requesting reimbursement.

Requirements:

- Volunteer may submit for tuition assistance for any class attended between 11-27-2019 and 06-21-2021
- Volunteer must receive a passing grade of a C or above. (include transcript)
- Volunteer must remain a member of good standing in their department.

Applicant Information			
Name:			
Current Address:			
APT, Suite, etc.:	City:	State:	
ZIP Code:	Phone:	Email:	
Fire Department Information			
Fire Department:			
Fire Department Address:			
Phone:	E-mail:	Fax:	
City/Town:	State:	ZIP Code:	
Position:		Current Operational Training Budget:	
Fire Chief Printed Name:		Fire Chief Signature:	
Course Information			
Name of Educational Institution where course(s) will be taken:			
Proof of Registration Attached: Yes _____ No _____			
Name of Course	Course Dates	Cost of Course	
1.			
2.	<i>Questions? Contact Derek Bullington at 703-537-4831 or dbullington@iafc.org or Chief tmosley@ncafc.com.</i>	<i>Tracy Mosley at 252-205-1289 or</i>	