ILLINOIS ASSOCIATION OF FIRE PROTECTION DISTRICTS FOUNDATION SCHOLARSHIP & PROGRAM SUPPORT APPLICATION

The Illinois Association of Fire Protection Districts (IAFPD) Foundation is an educational and charitable organization dedicated to advancing the Illinois fire service through the support of fire protection district trustees, administrators, firefighters, educators, and emergency service personnel.

The Foundation's Scholarship Program provides financial assistance for educational opportunities, professional development, research, public education initiatives, and training programs that strengthen the Illinois fire service and improve service to the citizens of Illinois.

Applications must be submitted at least **90 days prior** to the start of the course, conference, training program, semester, or special event for which funding is requested. Applications are reviewed Quarterly.

APPLICANT INFORMATION –

Applicant Name: _____

Title/Position: _____

Affiliated Fire District/Organization: _____

IAFPD Member Organization: ☐ Yes ☐ No Does your organization participate in IAFPD's Annual Conference? ☐ Yes ☐ No

Applicant Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Email Address: _____

Phone Number: _____

Program Director or Lead Instructor _____

Email _____ **Phone** _____

REQUEST INFORMATION

Type of Funding Requested (Select One):

☐ Individual Scholarship ☐ Training Program Support

☐ Conference Attendance Support ☐ Educational Program Sponsorship

☐ Other: _____

Name of Course, Program, Event, or Project:

Sponsoring Organization/Institution:

Location:

Date(s):

FUNDING REQUEST

Expense Category	Amount
Registration/Tuition	$_____
Travel	$_____
Lodging	$_____
Materials/Books	$_____
Equipment	$_____
Other	$$ TotalCost $$ | **_____**

Amount Requested from the IAFPD Foundation (Maximum $1000.00):

$_____

Have you applied for or received funding from your department or other sources?

☐ Yes ☐ No

Have you ever applied for or received funding from The Illinois Association of Fire Protection Districts Foundation?

☐ Yes ☐ No

If yes, please explain:

FINANCIAL NEED STATEMENT

Please describe the financial need, funding constraints, or circumstances that make this scholarship or sponsorship necessary.

PROGRAM IMPACT STATEMENT

Please explain how this educational opportunity, training program, event, or project will benefit:

1. You personally;
2. Your department or organization; and
3. The Illinois fire service.

IMPACT

Please select the three (3) areas that best represent the primary impact of your request

☐ Board of Trustees

☐ Management / Leadership

☐ Volunteer Fire Service

☐ Conference Attendee

☐ Public Education

☐ Emergency Medical Services (EMS)

☐ Firefighter / Hands-On Training

☐ Fire Science Student

☐ Online Learning

☐ Firefighter Safety

☐ Emergency Management

☐ Other: _____

SUPPORTING DOCUMENTATION

Please check all documents included with your application:

☐ Course Registration Information ☐ Proof of Enrollment ☐ Conference Registration

☐ Event Information/Brochure ☐ Program Budget

☐ Letter of Support from Chief, Administrator, Board President, or Supervisor

☐ Other Supporting Documentation

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that scholarship and sponsorship awards are competitive, subject to available funding, and reviewed by the IAFPD Foundation Scholarship Committee. If awarded funding, I agree to provide documentation verifying participation or attendance and to submit any requested follow-up information.

Applicant Signature: _____

Date: _____

ORGANIZATIONAL ENDORSEMENT (RECOMMENDED)

Name of Supervisor/Chief/Administrator: _____

Title: _____

Organization: _____

Email: _____

Phone: _____

I support this application and believe the proposed educational opportunity, program, or project will benefit the applicant and/or organization. Narrative responses may be submitted with this application.

Signature: _____

Date: _____

FOUNDATION USE ONLY

Date Received: _____

Application Complete: ☐ Yes ☐ No

Committee Review Date: _____

Cumulative Score: _____ / 100

Award Amount Approved: $_____

☐ Approved

☐ Approved with Conditions

☐ Not Approved

Committee Notes:

Revised 9/26