



**Maryland Fire Chiefs Association**  
**Training/Conference SAFER Scholarship Request**



Scholarship Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Current Member of the Maryland Fire Chiefs Association:  Yes  No

Fire Company Name: \_\_\_\_\_

Fire Company Address: \_\_\_\_\_

Name of Training/Conference Program: Eastern Division IAFC Conference

Dates of Training: April 21, 2023 - April 23, 2023

Estimated costs:

Travel:	<u>\$0.00</u>
Lodging:	<u>\$390.00 (\$130 per night x3)</u>
Registration:	<u>\$0.00</u>
Other:	<u>\$0.00</u>
Total estimated cost:	<u>\$390.00</u>

*No costs should be incurred by the individual until a determination of eligibility is made by the MFCA SAFER Grant Coordinator.  
 Any costs incurred prior to a decision by the coordinator shall be at the member's own expense*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***The below must be completed by a Chief Officer of your Fire Company***

I, \_\_\_\_\_, hereby attest and affirm that the above individual requesting  
Print Name  
 above scholarship is an active and a member in good standing of the \_\_\_\_\_  
Name of Fire Company/Department

Print Name/Rank of Chief Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Received Date: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Project #: \_\_\_\_\_

MFCA SAFER Grant Coordinator  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MSFA/MFCA SAFER Grant Manager  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_