Rotary Club of Kerrville

Individual Application for First Responder Training Grant

Guidelines

- 1. Must be a resident of Kerr County or work in a first responder role in Kerr County.
- 2. Applicant must exemplify good character, integrity, responsibility, and leadership.
- 3. By making this application, applicant agrees that if he/she does not complete training or decides not to proceed that all funds disbursed by the club will be returned to the Rotary Club of Kerrville.
- 4. Applications must complete with all questions answered, incomplete applications will be discarded.
- 5. Applications should be emailed to <u>wendling.j@gmail.com</u> & <u>jeff.harris@southstarbank.com</u>.

| | First Responder Scholarship Application |
|--------|---|
| | |
| Full N | ame: |
| Addre | ess: |
| Phone | e Number: |
| Email | Address: |
| | |
| 1. | Please provide a brief description of the training you are requesting |
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| | |
| 2. | Please tell us why you feel that the Rotary Club of Kerrville should invest in you? (this answer should tell us about your past educational successes or successes in your organization that support your success in the requested program) |
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| | |
| 3. | Who will provide the requested training? |
| | Where will the training be held? |
| 5. | How long will the training last? |
| | Will you continue to work during training time? |
| | Will you commute or live at this training site? |
| 8. | Please provide list of work experience for the past 5 years: |
| | |
| | |
| 9. | How long have you been with your current agency? |

10. Current agency: _____

11. Current position: _____

12. What is your goal position in completing this training?

13. Is your spouse or significant other employed with Kerrville or Kerr County first responder organization? If so, which one?

- 14.Endorser from department: ______Endorser phone #: _____
- 15. Training Vendor name, address, telephone, and email address:

Affirmation: I agree that I will complete the requested training. Should I fail to complete the training or must withdraw for any reason, I understand that funds disbursed by the Rotary Club of Kerrville will need to be returned to the club. I also agree to stay in contact with the Rotary Club First Responders committee on the progression of my training and upon successful completion, I agree to attend a Rotary Club of Kerrville meeting so the club can congratulate you on your success.

Students Signature:

Date: