ROWAN COLLEGE OF SOUTH JERSEY

FIRE ACADEMY WAIVER OF FUNDS

*Student must meet all of the below qualifications to apply*

* Student is a resident of Gloucester County.
* Student is a member of a Gloucester County Volunteer Fire or a Gloucester County Emergency Medical Services Company/Organization. Student is not a paid member.

Class applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Value of class must be $80 or below)

Student Certification: I certify that the above information is correct. Falsification of information or failure to abide by the RCSJFA rules, policies and regulations will result in expulsion from the course and/or denial of a course certification.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Authorization: I certify that the above student meets the provisions above to attend this course.

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

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gloucester County Company or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any course with a value of $80 or below is eligible for a grant received from the *Non Residents Taxpayers Association of New Jersey*. Student must meet the above criteria to apply for the funds. This form must accompany a student registration form. Funds are based on availability. If funds are not available you will be notified for an alternate form of payment.**