

APPENDIX A

Westchester Volunteer H.E.R.R.O. Program Tuition Reimbursement Application

1. Name: _____

2. Home Mailing Address:

3. Home Telephone #: _____

4. Cell Phone #: _____

5. Email Address: _____@_____

6. Westchester Volunteer Emergency Service Agency you are a member of:

7. Agency Highest Ranking Officer: _____ Rank: _____

8. School(s) Attended in _____, _____
(Semester) (Year)

Complete questions 9-12. Do not use "See Attached" as a substitute for completion. Please remember courses must be completed in order to apply and be eligible for reimbursement.

9.

Course Number	Course Title	School	Semester	# of Credits per course	Tuition Cost per course	Grade

10. **TUITION SUBTOTAL \$** _____

11. Subtract Financial Assistance, Grants, Scholarships, excluding loans -- \$ _____

12. **TOTAL REIMBURSEMENT REQUEST \$** _____

13. Does this course lead to a degree? Yes () No () Certificate ()

If yes, indicate: 1. Type of Degree (AA, NS, BA, etc.) _____

2. Expected graduation date: _____

3. Program/Major: _____

14. Are your studies related to emergency services? Yes () No ()

15. FINANCIAL ASSISTANCE (EXCLUDING LOANS):

(Types of financial assistance: MAP, TAP, PELL, SEOG, scholarships, department grants, etc.)

I have received or expect to receive financial assistance for courses listed on page 2.

Yes () No ()

<u>Type of Assistance</u>	<u>Semester</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL FINANCIAL ASSISTANCE RECEIVED/TO BE RECEIVED: \$_____

16. STUDENT LOANS (Guaranteed loans are not financial assistance for these purposes.)

I have received or expect to receive student loans for courses listed on page 2.

Yes () No ()

<u>Type of Loan</u>	<u>Semester</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL AMOUNT OF LOAN PAID DIRECTLY TO SCHOOL: \$_____

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury.

PURSUANT TO 210.45 OF THE NEW YORK STATE PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

Furthermore, I certify I have attached the required documentation as noted in the box below.

Signature of Applicant

Date

Notary signature/stamp

Date

CHECK LIST

REQUIRED DOCUMENTS TO ATTACH

- All Grades
- Itemized School Bill
- Proof of Payment
- Financial Assistance Statement signed by school

YOUR SIGNATURE ABOVE MUST BE NOTARIZED

GRADES

ATTACH YOUR GRADES TO THIS PAGE. FOR A CERTIFICATE COURSE, ATTACH A COPY OF CERTIFICATE OR WRITTEN PROOF OF SUCCESSFUL COMPLETION.

Spring Semester grades must be submitted no later than June 7, 2025.

Fall Semester grades must be submitted no later than December 31, 2025.

Mark your calendar so you do not miss the deadlines.

An official transcript is not required.

YOUR APPLICATION WILL NOT BE CONSIDERED IF YOU FAIL TO ATTACH YOUR GRADES.

SCHOOL BILL

STAPLE ITEMIZED SCHOOL BILL SHOWING CHARGES AND PAYMENTS TO THIS PAGE.

YOUR APPLICATION WILL NOT BE CONSIDERED IF YOU FAIL TO ATTACH YOUR ITEMIZED SCHOOL BILL.

PROOF OF PAYMENT

STAPLE YOUR PAYMENT METHOD(S) TO THIS PAGE.

YOUR APPLICATION WILL NOT BE CONSIDERED IF YOU FAIL TO ATTACH PROOF OF PAYMENT.

Check the appropriate boxes indicating all proofs of payment you have attached to this page.

- Copies of cancelled checks (front and back)

- Credit card receipt or monthly credit card statement

- Cash receipt

- Copy of loan agreement and written acknowledgement from school of payments received directly from funding source.

ALL APPLICANTS MUST COMPLETE & HAVE THEIR SCHOOL SIGN THIS FINANCIAL ASSISTANCE STATEMENT WHETHER ANY ASSISTANCE WAS RECEIVED OR NOT.

WESTCHESTER VOLUNTEER H.E.R.R.O. FINANCIAL ASSISTANCE STATEMENT

To be completed for each school attended.

STUDENT-VOLUNTEER: _____ STUDENT ID# _____

SCHOOL NAME: _____

THIS SECTION: To be completed by school official. Please check and complete #1 or #2.

____ 1. _____ **DID NOT** receive financial assistance (such as
(STUDENT NAME) grants, scholarships) for _____ (semester)
_____ (year), courses **excluding loans.**

____ 2. _____ **DID** receive financial assistance (such as
(STUDENT NAME) TAP, MAP, Pell grant, scholarships, etc.)

Semester/Year _____ for \$ _____

Semester/Year _____ for \$ _____

Semester/Year _____ for \$ _____

TOTAL FINANCIAL ASSISTANCE RECEIVED (EXCLUDING LOANS) \$ _____

(Signature of School Official)

(Print Name)

(Title)

(Telephone Number)

(Date)

(Fax Number)

(Email Address)