

# ATLANTA FIRE RESCUE DEPARTMENT

## Request for Tuition Assistance Program Funds

Request by: Name \_\_\_\_\_ AFRD ID # \_\_\_\_\_

Division \_\_\_\_\_ Battalion/Section \_\_\_\_\_ Station/Assignment \_\_\_\_\_

I would like to request funding from the Atlanta Fire Foundation for \_\_\_\_\_  
 The purpose of this request is as follows:

Make Check Payable to:

*Note: Attach any documentation that provides verification such as tuition receipts and official transcript.*

Amount requested:  Amount approved:  For AFF Use Only

Requestor Signature	/	Title	/	Date
Supervisor Signature	/	Title	/	Date

	Approved	Not Approved	Date
<b>Deputy Chief:</b>			
Print Name	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signature			
<b>First Deputy Chief:</b>			
Print Name	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signature			
<b>Fire Chief:</b>			
Print Name	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signature			
<b>Program Committee Chair:</b>			
Print Name	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signature			
<b>AFF President:</b>			
Print Name	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signature			