

3. Courses of Study Applying for through Scholarship Fund

Please select the courses in which you are applying for (designate which academy).

Eligible Courses	X for Desired Academy
Officers Development Academy_* NOTE: Please indicate classes you are applying for in the schedule below	
Extrication Academy Spring _____	
Advanced Pump Operator Academy Spring _____ Fall _____	
Truck Academy Spring _____ Fall _____	

* *Officer Development Academy is a program that contains several classes and weeks of study.*

Indicate the classes you are applying to attend or for Reciprocity in ODA:

2012 ODA Class	Date(s)	Cost	Applying to Attend	Applying for Reciprocity
Leadership & Supervision				
Health & Safety Officer (HSO)				
Incident Safety Officer (ISO)				
Fire Service Instructor 1				
Budget & Finance				
Legal Issues				
Technical Writing				
Media Workshop & Public Education				
Incident Command System (ICS)				
Fire Investigation				
Fire Inspection (Plus Assignment)				
Strategy & Tactics for Initial Company Officers (STICO) (Spring or Fall)				
Terrorism Responses for Company Officers				
Technical Rescue Operations				
Mass Casualty Incidents (MCI)				
Community & Government Relations				
Building Construction				

4. Employment Details

Agency Name	Contact Name	Position or Rank	Contact Number

Please list and describe your practical experience in the fire service, along with any community programs you are involved in currently.

5. Letters of Recommendation (Preferred Recommender = Fire Chief or Immediate Supervisor)

Preferred Recommender

Name _____

Title _____

Address _____

City/State/Zip _____

Telephone _____

Email _____

Second Recommender

Name _____

Title _____

Address _____

City/State/Zip _____

Telephone _____

Email _____

6. Personal & Professional Interest Information

Please give information about your personal interests (please include information on any leadership roles you have undertaken).

Please provide a brief statement of future career goals.

7. Other Awards (Examples: College Grants, Scholarships, Leadership Awards, Service Group Recognition)

8. Declaration

I have read the rules governing the award of Thad Dahl Scholarships and I wish to make application for the courses indicated on this application for the coming/current year.

I will attend the courses applied for to the best of my ability and have completed all relevant portions of the application form. I have provided all other documents required by that form.

Date

Signature of applicant

Note to Applicant: Completing this Thad Dahl Scholarship application form does not register you in any of the classes you desire to participate. You will need to register for these classes or academy online at: www.kcftoa.org . If there is a waiting list established, this application does not guarantee you will have a space reserved.

Although there is a scholarship application deadline of 3-weeks prior to the start of the class you are applying, Please take into consideration the review process and notification timeframe since some academies/classes fill quickly.

In addition, the minimum of 10 business days cancellation ruling is in effect.

9. Affiliation Signature / Endorsement (Training Officer, Chief or other designated personnel)

Printed Name

Title

Date

Signature

Agency

Committee use only:

Date Received: _____ Determination: Accepted Denied

Total amount awarded: \$_____

Other: _____