



Bob Maes Scholarship Fund

APPLICATION

ESTABLISHED 1977

F.I.R.E. is a Colorado non-profit organization under Section 501(c)(4)

Name: _____
LAST FIRST MI

Mailing Address: _____
STREET CITY ZIP CODE

Current Assignment: _____ Shift: _____ Home Phone: _____

Date of Appointment: _____ Date YOU joined F.I.R.E.: _____

I hereby request FUNDS for the following amount, \$ _____ for the following reason(s):

PLEASE SUBMIT CERTIFICATE OF COMPLETION OR RECEIPT OF PAYMENT FOR CLASS OR SEMINAR

Class Title or Seminar or Study Materials: _____

Name of Institution: _____

Location of Institution: _____

Signature of Member: _____ Date: _____

BOB MAES SCHOLARSHIP FUND COMMITTEE USE ONLY

Date Received: _____ Amount of previous request, current year? \$ _____

Amount Currently Available: \$ _____ Disposition: **APPROVED** / ***DENIED** / * **REDUCED**

{ * } If payment is **DENIED** or **REDUCED**, "**FUND DENIAL**" form must be sent to member.

Committee Member Signature: _____ Date: _____

Committee Member Signature: _____ Date: _____

Committee Member Signature: _____ Date: _____

Date Paid: _____ By: _____ Check #: _____