**2024 BILL “ARMY” ARMSTRONG**

**TRAINING GRANT APPLICATION FOR CURRENT FIREFIGHTERS**

**PERSONAL INFORMATION**

**Last Name:**       **First Name:**       **Middle Name:**

Address:

City:       State: Ohio Zip Code:       County:

Home Phone: (   )    -     Cell Phone: (   )    -

Email Address:

Male [ ]  Female [ ]

**Licking County Fire Department:**

**COURSE INFORMATION** (Cannot be a course that qualifies for state reimbursement)

Name of Course:

Cost of Course:

Reason for Taking This Course:

Date of Course:

Location of Course:

**Attach your approved registration and payment information for this course to your completed application.**

**CERTIFICATION**

**Conflicts of Interest Certification**

To be eligible to receive a Bill “Army” Armstrong Training Grant, you cannot be an Interested Person of the Licking County Foundation, or the relative of an Interested Person.

“Interested Person” is defined as:

* Staff Members of the Licking County Foundation
* Members of the Governing Committee of the Licking County Foundation
* Licking County Foundation significant contributors to the Bill “Army” Armstrong Scholarship Fund

“Relative” is defined as:

* Spouse
* Ancestor (parent, grandparent, great-grandparent, etc.)
* Child, Grandchild, Great-Grandchild, etc.
* Brother and Sister
* Spouse of Child, Grandchild, Great-Grandchild, Brother and Sister

[ ]  **I certify that to the best of my knowledge, I am not an Interested Person and am not related to any**

 **Interested Person as described above**

[ ]  I certify that I am a member of the Licking County Firefighters Association who holds a current Fire

 Card

[ ]  I certify that I have approval from my chief or training officer for this course

[ ]  I certify that I am registered for a class/classes pertaining to fire service, fire science, or Haz-Mat

**SIGNATURES**

**Applicant:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chief or Training Officer:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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