

# Gary Staley Memorial Scholarship Application (GSM)

## (Revised 10/21/19)

The GSM scholarship program was established to primarily provide financial assistance for training, education and safety for firefighters. The program provides financial assistance for tuition and related costs for classes in firefighting, emergency response, supervision, safety and EMS. The primary emphasis of the GSM is to provide scholarships for tuition for academy basic firefighting training to applicants who without this financial assistance would not be able to complete necessary training. Grants are limited to tuition and related costs and are subject to available funds. Grants from this program consider other grants which may be available.

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Applicant's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email Address of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Application: \_\_\_\_\_ Start Date of Training: \_\_\_\_\_

Time in Department (years/months): \_\_\_\_\_ Currently an active member: Yes No

Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Training Class/Session: \_\_\_\_\_

Tuition Cost: \$ \_\_\_\_\_ Are other grants available? Yes No If so, name of grant. \_\_\_\_\_

Date tuition costs must be paid: \_\_\_\_\_

Have you previously submitted an application for grants from this fund: Yes No

If yes, name of training: \_\_\_\_\_

Is approval of this grant a necessity for you to attend this training? Yes No

Brief description of training/school content: \_\_\_\_\_

**On an attached page in one paragraph describe your personal objectives for attending this training and importance.**

I certify that the above information on this application is accurate and I understand completion of this application does not guarantee availability or approval of funding. The Grant Committee administering disbursements from this fund will review the application for possible availability of funds.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chief if applicable.

As Chief of the applicant's department, I attest that the applicant is a member in good standing in the department and the information contained is accurate to the best of my knowledge.

Department Chief's Name (Printed): \_\_\_\_\_

Department Chief's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or fax application to: Don Staley  
46472 McGill Drive  
Plantersville, TX 77363 (Fax: (281) 259-6223)

**Questions should be directed to Don Staley at (281) 259-6003. Please use an attached page for additional information which might be of interest to the Grant Committee.**