

STEPHEN R. CARDEN  
FOUNDATION

Scholarship Request Form Instructions

- Applications must be submitted by March 3, 2017.
- **Incomplete applications, or applications with falsified information, will not be accepted or considered.**
- Scholarships are only to be used to attend TARS Rescue College classes. Funding will be considered to sponsor a complete class, such as advanced extrication or swift water.
- Persons awarded scholarships will have one year to attend the class or the scholarship will be forfeited.
- **Applicants are responsible for registering with the TARS State Office for their selected classes upon notice of being approved.** It is best to submit this registration form with your application so that we can process it upon approval and make the process easier for you.
- The Foundation will notify the TARS State office of the selected recipients and will submit payment on their behalf.
- Scholarships may be transferred within the same squad/department with a request in writing and approval of the Foundation board of trustees.
- If several members are applying from the same department for the same class, each individual member must submit an application.
- The application process is open to all TARS members, including individuals, teams and agencies. The Foundation does not discriminate on the basis of race, color, national origin, age, sex, marital/familial status, religion or disability.
- All decisions will be made by the Foundation board of trustees. The TARS State Office Executive Director will serve as an advisory member to the board but does not have voting privileges. The foundation is independent of TARS and its state officers.

Applications may be submitted via any of the following methods:

Mail to: TARS State Office  
2906 Tazewell Pike Suite 'B'  
Knoxville, TN 37918

E-mail to: [stacy@tnars.org](mailto:stacy@tnars.org)

Fax to: TARS State Office at 865-688-7015

# STEPHEN R. CARDEN FOUNDATION

## Scholarship Request Form

Name: \_\_\_\_\_

Squad/Department: \_\_\_\_\_



**Space Below for Board of Directors Use Only**  
(Do not write below this line)

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Application Complete: Yes \_\_\_\_\_ No \_\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Signature of Trustee: \_\_\_\_\_

***Requesters please print or type the information below:***

**Attendee Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

TARS Membership Status: Active \_\_\_\_\_ Associate \_\_\_\_\_ Non-Member \_\_\_\_\_

Number of Years Served in Squad/Department: \_\_\_\_\_

Other Emergency Service Affiliations: \_\_\_\_\_

**Squad/Department Information**

Squad/Department Name: \_\_\_\_\_

Squad/Department Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Squad/Department Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Captain's/Chief's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Captain's/Chief's E-mail: \_\_\_\_\_

Captain's/Chief's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Training Officer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Training Officer's Email: \_\_\_\_\_

Training Officer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Annual Budget(s) of Squad/Department: \$ \_\_\_\_\_

Population in Your Service Area: \_\_\_\_\_

Rescue College Class Requesting: \_\_\_\_\_ Date: \_\_\_\_\_

Is this a team request? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many personnel are making the request? \_\_\_\_\_ (List names) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your squad have members trained in this discipline? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how many? \_\_\_\_\_

Has your squad /department provided this training to members in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, approximate date(s)? \_\_\_\_\_

If this discipline requires equipment (i.e., trench, swift water, etc.), does your squad/department possess the needed equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, do you have a plan to acquire it? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the plan (grant, donation, etc.) \_\_\_\_\_

\_\_\_\_\_

Do you understand that this grant is for the Rescue College fee only and that the member/squad/department is responsible for all other expenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your squad/department support this training request? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide a short description (no more than 200 words and a minimum of 50) of how this training will benefit your squad/department and community. A separate endorsement paragraph from your squad/department head is welcome and will strengthen the application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Department Head or Training Officer

\_\_\_\_\_

Date: \_\_\_\_\_