

**RICHARD PETERSON EMT ENDOWMENT FUND  
EMERGENCY MEDICAL RESPONDER / E M T AGREEMENT  
Application for Education / Training Cost Reimbursement**

**Please check** → **Serve in:** \_\_\_ Scales Mound Fire Protection District \_\_\_ Galena Area EMS District (GAEMSD)  
→ \_\_\_ Menominee - Dunleith (serving in GAEMSD and **agree to remain an active member of that service**)

**Please check** → \_\_\_ Emergency Medical Responder \_\_\_ EMT-Basic \_\_\_ EMT-Paramedic

If not **servicing** in those Districts or if you have questions, please contact Pete Stryker at 1-815-777-4123 or e-mail [peterastryker@hotmail.com](mailto:peterastryker@hotmail.com)  
↓ **PLEASE PRINT** ↓

NAME: Last	First	Middle (Initial)
Street Address	City / Town / Village / Municipality	Zip Code
Phone Number	e-mail Address	

**Institution Offering Training or Course(s)**

NAME of Institution	City	State
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**List ↓ of Expenses Incurred or Anticipated**

(when/if "District" is to be paid, G = Galena; SM = Scales Mound; MD = Menominee-Dunleith → please circle ↓ below )

Tuition	\$ _____	Pay \$ _____	to Applicant	Pay \$ _____	to G or SM or MD
Book(s)	\$ _____	Pay \$ _____	to Applicant	Pay \$ _____	to G or SM or MD
Mileage*	\$ _____	Pay \$ _____	to Applicant	Pay \$ _____	to G or SM or MD
<u>Total</u>	\$ _____	Pay \$ _____	to Applicant	Pay \$ _____	to G or SM or MD

\* For mileage, list dates and round trip miles **on separate form** and enclose with this Agreement / Application. EMT Endowment Fund mileage reimbursement is at **14¢ per mile** “not to exceed \$2,000” per level of training.

**AGREEMENT**

I pledge that, upon completing my education / training, I agree to service for a period of two years from the time that funds are received. If that commitment is not fulfilled, a pro-rated payback shall be made.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Signature of Applicant Month and Date Year

**Application submission reviewed and approved by**

William L. Bingham, EMS Coordinator Galena Area EMS District	or Carl Winter, Chief Scales Mound Fire Protection District	or Ron Data, EMS Coordinator Menominee-Dunleith Fire Department
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**On completion of training**, send the Agreement/Application form, Mileage Reimbursement form (if applicable), and a copy of the IL Dept of Public Health Certification to – **Attention: EMT Endowment Fund**

**Mail:** GTF (The Galena Territory Foundation), 2000 Territory Drive, Galena IL 61036 **OR**

**Fax:** (815) 777 – 9194 (The Galena Territory Association Office) **OR**

**Scan / e-mail:** [gtaadmin@thegalenaterritory.com](mailto:gtaadmin@thegalenaterritory.com)

**All Applications will be reviewed by the Richard Peterson EMT Endowment Fund Commission. Because our funding is gift-based, the amount of financial assistance awarded is subject to availability of funds.**

OVERSIGHT OF THE RICHARD PETERSON EMT ENDOWMENT FUND IS PROVIDED BY  
**THE GALENA TERRITORY FOUNDATION, INC.**

A 501(C)(3) NOT-FOR-PROFIT CHARITABLE ORGANIZATION THAT PROVIDES  
EDUCATION-BASED AND FUNDRAISING ACTIVITIES FOR THE BENEFIT OF THE LOCAL COMMUNITY.