

**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
↓ **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
Total	\$ _____	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

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

All Applications will be reviewed by the Richard Peterson EMT Endowment Fund Committee. 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.