

RICHARD PETERSON EMT ENDOWMENT FUND

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 as **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

List ↓ of Expenses Incurred

(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
Equipment	\$ _____	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 Application. Our mileage reimbursement is at **14¢ per mile** "not to exceed \$2,000.00" per level of training.

** Policy for reimbursing Paramedics: Candidates approved for Paramedic level reimbursement will be paid half the approved amount at the end of their first year of service and the balance at the end of their second year of service. Approved 09-07-2021.

Signature of Applicant _____ / 20 _____
Month and Date Year

Application submission reviewed and approved by

_____ **or** _____ **or** _____
William L. Bingham, EMS Coordinator Carl Winter, Chief Ron Data, EMS Coordinator
Galena Area EMS District Scales Mound Fire Protection District Menominee-Dunleith Fire Department

On completion of training, send the Application form, Mileage Reimbursement form (if applicable), receipt / sales slip / invoice for equipment purchased, 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 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) non-profit charitable organization that provides
education-based and fundraising activities for the benefit of the local community.