

STEPHEN R. CARDEN
FOUNDATION

Scholarship Request Form Instructions

(PLEASE READ ALL INSTRUCTIONS THERE ARE SOME CHANGES FOR 2022)

- Applications must be submitted by April 1, 2022.
- ***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.
- ***Due to the way that TARS is scheduling classes, we will require that you put three class choices on the application. Once you are approved for these classes and a class date is listed on the website, it is the responsibility of the student to notify the foundation of the class that they chose and the date and send in the class registration to the state office. TARS will not be holding class spots for the foundation. Pre-Requisite classes such as Awareness and Instructor Methodology are not included in the list of approved classes, these are the responsibility of the department or student.***
- ***If you are applying for a Swiftwater Rescue Class, it is best to send in your Rescue College Application to the State Office separately. These classes fill quickly and they cannot hold slots in the classes without applications.***
- 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.
- ***Applicants must be 18 years of age at time of application.***
- 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.
- Please print clearly or type your application. (***Unreadable applications will be denied***)
- Approved applications will be notified by email from Stacy Rhodes.

Applications may be submitted via any of the following methods:

You can mail to: TARS State Office, 2906 Tazewell Pike Suite 'C'; Knoxville, TN 37918

E-mail to: stacy@tnars.org or fax to: TARS State Office at 865-688-7015

DO NOT STAPLE APPLICATION TOGETHER

STEPHEN R. CARDEN FOUNDATION

Scholarship Request Form

Name: _____

Squad/Department: _____

Rescue College Course: _____ Date: _____

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**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: \_\_\_\_\_

Confirmation Email Sent: \_\_\_\_\_ (Copy Attached)

Request Denied Email Sent: \_\_\_\_\_ (Copy Attached)

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

**Attendee Information**

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

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

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

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 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: \_\_\_\_\_

**Class #1**

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

Is this a team request? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, each member must submit an application)

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

\_\_\_\_\_

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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.) \_\_\_\_\_

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### **Class #2**

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

Is this a team request? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, each member must submit an application)

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

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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.) \_\_\_\_\_

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### **Class #3**

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

Is this a team request? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, each member must submit an application)

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

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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)? \_\_\_\_\_

