

STEPHEN R. CARDEN  
FOUNDATION

Scholarship Request Form Instructions

- ***Applications must be submitted by Friday September 15, 2024 at 5:00 pm Eastern Standard Time.***
- ***Incomplete applications, or applications with falsified information, will not be accepted or considered.***
- Scholarships will cover registration costs for TARS Rescue College Instructor I – Basic Vehicle Extrication Train-the-Trainer **OR** Instructor I – EVOC/VKF/BBP Train the Trainer to be held Oct. 1-3<sup>rd</sup> in conjunction with the 2024 TARS Symposium and Convention.
- Applicants must attend or have attended TARS Instructor Methodology and meet the prerequisite requirements as set forth to enroll in the Instructor I course. For a list of prerequisites, please visit: <https://www.tnars.org/instructor-methodology>
- This scholarship does not cover the costs or expenses associated with the Instructor Methodology Course.
- If persons awarded scholarships do not attend the class as scheduled, the scholarship monies will be forfeited.
- 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 to another student 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 a separate application.
- The application process is open to all TARS members, including individuals, teams, and agencies. The Foundation does not discriminate based on race, color, national origin, age, sex, marital/familial status, religion, or disability.
- ***Applicants must be 18 years of age at the 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 and/or incomplete applications will be denied)***
- Approved applications will be notified by email from Brian Robinson.

Applications may be submitted via any of the following methods:

- **Mail To:** TARS State Office, 2906 Tazewell Pike Suite 'C'; Knoxville, TN 37918
- **E-mail To:** [brian@tnars.org](mailto:brian@tnars.org)
- **Fax To:** TARS State Office at 865-688-7015

**DO NOT STAPLE APPLICATION TOGETHER**

# STEPHEN R. CARDEN FOUNDATION

## 2024 Scholarship Request Form

TARS Train the Trainer Program(s)  
October 1-3, 2024

**Please Circle Your Tuition Request:**

Extrication Instructor  
EVOC/VKF/BBP Instructor

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

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

~~~~~

**Space Below for Foundation 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: \_\_\_\_\_

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

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

