



Sonoma County

Fire Investigation Task Force

Fire Prevention Officers Association

SCHOLARSHIP PROGRAM APPLICATION

Name _____ Phone _____

Department _____ Email _____

Position _____

Name of Training Course _____

Date _____ Location _____

Costs: Course \$ _____ Lodging/Meals \$ _____ Total \$ _____

Why does the applicant wish to attend the training? _____

What benefit will the training have for the applicant, his or her agency, and the Task Force?

Office use only

Eligibility

- Approved
- Denied

Yes No

- A Task Force member in good standing
- FITF Investigator
- Regularly attends FITF meetings

Initials _____

Date _____