Maryland Higher Education Commission Office of Student Financial Assistance 6 North Liberty Street, Ground Suite Baltimore, MD 21201 (410) 767-3300; (800) 974-0203 TTY for the Deaf - (800) 735-2258 <a href="https://www.mhec.maryland.gov">www.mhec.maryland.gov</a> osfamail.mhec@maryland.gov

## CHARLES W. RILEY FIREFIGHTER AND AMBULANCE AND RESCUE SQUAD MEMBER SCHOLARSHIP PROGRAM

**Service Verification Form** Academic Year 2024-2025

Submit this form and all required documents to MHEC by **SECURE UPLOAD** online through your <u>MDCAPS</u> account. Once logged in, select "Electronic File Upload" from the homepage then follow the prompts. This document and all required documents must be submitted to MHEC by May 1, 2024.

Section A - Release	(To be completed by	the applicant)			
MHEC ID:		Date of birth:		/	
Last name:		First name:			MI:
Address:					
City:		State:		Zip code:	
I authorize my employer to pr below.	ovide employment informa	ation to the Office of Stude	ent Financia	al Assistance as re	equested
Applicant's signature		Date			
Section B - Employment	(To be completed by	employer)			
The above named employee he Scholarship Program with the it to the employee.					
Job title of employee:	Da	ates of employment:		thru	_
Complete this section for Ac	tive Career Members Onl	<u>ly:</u>			
Employment status: A	ctive Career				
If employed as an active caree rescue squad in the 2023 tax y		k a minimum of 1000 hou	ırs as part o	f a fire, ambulanc	e, or
Complete this section for Ac	<u>tive Volunteer Member C</u>	Only:			
Employment status:	ive Volunteer				
If employed as an active volume Program (LOSAP), did he/she tax year, and all points have be	earn at least 50 LOSAP po	pints as part of fire, ambul	ance, or res	cue squad in the 2	

If checked yes, you must attach a copy of the LOSAP form.

OR

at least 50 points under the point systematic, ambulance, or rescue squad in the				
Yes No If checked y	ves, you must submi	t proof verifying a mi	inimum of 50 poi	nts have been earned.
Name of Service Organization:				
Address:		<u>C</u> ity:	State:	Zip code:
I certify that the information provided a				
Signature of Employer		Date		
Printed name:	Title:			
Telephone number:()		E-mail:		
Please affix Required Notary Public		bmitting to the Offic	e of Student Fina	ancial Assistance.

If employed as an active volunteer member within a county or municipality that does not operate LOSAP, did he/she earn