

**Concord Fire Dept.
Tuition Assistance Program**

I _____ Certify that I have read and fully understand the requirements as set forth by the Concord Fire Dept. for the Tuition Assistance Program. I understand that if I do not fulfill my duties as a firefighter under the Tuition Assistance Program that I may be denied re-imbursement for any and all classes I have taken.

Signature: _____ Date: _____

Witness: _____ Date: _____