



Degree Grant Program Student Information Sheet



Name: _____

Fire Department: _____

Home Mailing Address: _____

City, State, Zip: _____

Home Phone #: _____

Cell Phone #: _____

E-mail Address: _____

Firefighter ID #: _____

How long have you been a firefighter? _____

Green River Staff Information Area:

FRS #: _____

Student complete all or part of course: _____

Recruitment / Retention

Does firefighter meet qualifications for entry into the class? Yes No

Notes:

