CFF FINANCIAL AID AWARD

In Partnership with the Firefighter Candidate Testing Center

INTRODUCTION

The California Fire Foundation (CFF) believes every person should have an equal opportunity to pursue employment within the fire service regardless of financial circumstances. CFF has partnered with the Firefighter Candidate Testing Center (FCTC) to offer a Financial Aid Award to cover all event fees associated with the Candidate Physical Ability Test (CPAT) and the FCTC Written Test. ***Must be a California resident to apply.***

WHAT'S INCLUDED IN THE CFF FINANCIAL AID AWARD?

The CFF Financial Aid covers all pre-employment event fees associated with the Firefighter Candidate Testing Center (FCTC). These fees include:

Candidate Physical Ability Test (CPAT)

- Two (2) CPAT Orientations (included with the test)
- Two (2) CPAT Practices
- One (1) CPAT Test

FCTC Written Test

- Two (2) FCTC Written Test Preparation Courses (either in-person or online)
- One (1) FCTC Written Test

PREPARATION IS CRITICAL TO SUCCESS: CPAT candidates historically have a better chance of passing the CPAT if they attend two (2) CPAT orientations and two (2) practices before testing. Candidates also generally perform better on the FCTC Written Test if they attend two (2) FCTC Written Test Preparation Courses. We **STRONGLY** encourage all CFF Financial Aid Award recipients to take full advantage of these opportunities.

EXPIRATION OF FINANCIAL AID AWARDS: The fees associated with the CFF Financial Aid Award are valid for 12 months from the date of the approval. If the candidate does not complete any of their CPAT and/or FCTC Written Test events within those 12 months, they must re-apply for a second Financial Aid Award. A candidate may be awarded up to two (2) CFF Financial Aid Awards.

A candidate may not be allowed to apply for a second CFF Financial Award if they DO NOT SHOW UP to their scheduled CPAT Test and/or their scheduled FCTC Written Test. Candidates must cancel their event a minimum of 48 hours in advance.

SUBMISSION OF APPLICATION

Follow this link to the online application OR submit your application *and* your required document(s) by email fctc@cpf.org, FAX (916) 922-0972, or by mail to California Fire Foundation, 1780 Creekside Oaks Dr., Sacramento, CA 95833.

If you have any questions, please call the California Fire Foundation at (800) 890-3213 and ask for the Financial Aid Department.

NOTE: Applicants must choose one of (3) options available to meet the requirements for the CFF Financial Award. Your application cannot be processed if it is incomplete. The number one reason for denial is the failure to include the required document(s) outlined in each option.

NOTIFICATION OF FINANCIAL AID AWARD

Candidates will be notified by email relaying their CFF Financial Aid Award status. Any reason for denial will be clearly defined and does not affect a candidate's ability to apply in the future.

CFF FINANCIAL AID AWARD APPLICATION

QUALIFICATION OPTIONS TO APPLY FOR A CFF FINANCIAL AID AWARD

OPTION 1

Receive Financial Assistance

Applicant is eligible to apply for the CFF Financial Aid Award if they are a California resident and receive financial assistance from any of the following:

1. Unemployment Insurance (UI) benefits Yes ☐ No ☐

REQUIRED DOCUMENTS full-page (computer size) screen shot of UI Profile Page, showing your name and current address along with a full-page (computer size) screen shot of your Payment Schedule Page, showing your last UI payment within the last 30 days.

2. CalWORKS, CalFRESH, or Medi-Cal Yes ☐ No ☐

REQUIRED DOCUMENT: Color copy of your program card.

3. Supplemental Security Income (SSI/SSP) Yes ☐ No ☐

REQUIRED DOCUMENTS: Award letter and last pay statement within the last 30 days.

OPTION 2

☐ **Last Years' Federal Tax Return**
(*California residents only*)

Tax Return Maximum Income Levels

Family Household Size (Include Yourself)	**Maximum Adjusted Gross Income** (Income After Deductions)
1	$23,184
2	$31,356
3	$39,528
For Each Additional Family Member Add	$8,172

Applicant is claimed as a **DEPENDENT** on their parent(s) or legal guardian(s) Tax Return.

REQUIRED DOCUMENT(S): Applicant must submit a copy of parent(s) or legal guardian(s) Tax Return(s). Their verified income may not exceed the Tax Return Maximum Income Levels.

Applicant is filing as **SINGLE OR HEAD OF HOUSEHOLD.**

REQUIRED DOCUMENT(S): Applicant must submit a copy of their Tax Return. Your verified income may not exceed the Tax Return Maximum Income Levels.

Applicant is filing as a **MARRIED/DOMESTIC PARTNER.**

REQUIRED DOCUMENT(S): You must submit a copy of both you and your spouse/domestic partner's Tax Return. Your joint verified income may not exceed the Tax Return Maximum Income Levels.

OPTION 3

☐ **Line of Duty Death or Permanent Injury**

An applicant who is the child of a firefighter killed or permanently disabled due to injuries sustained in the line of duty is eligible to apply for the CFF Financial Aid Award until their 26th birthday. If you qualify for this option, please contact the California Fire Foundation at 800-890-3213 and ask for the Financial Aid Department.

APPLICANT INFORMATION

Name: _____
Last First

Address _____
Street City State Zip

Email: _____ Phone: _____

Date of Birth: _____ FCTC ID: _____ Driver's License: _____
(Please login to your FCTC account to access)

DEMOGRAPHIC QUESTIONNAIRE

The California Fire Foundation (CFF) does not discriminate on the basis of race, color, religion, national origin, sex, disability status, protected veteran status, age, or any other characteristic protected by law. Your responses to the following questions will not be used to determine acceptance.

Gender:
- ☐ Woman
- ☐ Man
- ☐ Non-Binary
- ☐ Self Identify (_____)

Ethnicity:
- ☐ American Indian, Alaskan Native, and/or Indigenous
- ☐ Black or African American
- ☐ East Asian
- ☐ Hispanic and/or Latina/o/x
- ☐ Native Hawaiian and/or Pacific Islander
- ☐ South Asian
- ☐ Southeast Asian
- ☐ White Non-Hispanic
- ☐ Self Identify (_____)
- ☐ Not Listed (_____)
- ☐ Prefer to not respond

ACKNOWLEGEMENT OF TERMS AND CONDITIONS

☐ I have read and completed the application. I have attached the required documentation and understand that any false statement or failure to provide required documentation will be cause for denial of my application.

FIRST NAME (please print above) _____ LAST NAME (please print above) _____

SIGNATURE _____ Date _____

PARENT(S)/LEGAL GUARDIAN(S) SIGNATURE (DEPENDENT applicants only) _____ Date _____

PARENT(S)/LEGAL GUARDIAN(S) SIGNATURE (DEPENDENT applicants only) _____ Date _____

All information contained in the CFF Financial Aid Application is CONFIDENTIAL and is only used for the purpose of determining eligibility for the CFF Financial Aid Award. Financial and personal information as well as award status is not accessible and is not shared with anyone. This includes Fire Service and HR personnel, as well as hiring agencies.