



# THE VILLAGE OF KEY BISCAIYNE PUBLIC SAFETY SCHOLARSHIP TO PROMOTE HEALTH & WELLNESS

## SCHOLARSHIP APPLICATION INSTRUCTIONS

The health and wellness awards are available to employees of both the Village of Key Biscayne police and fire departments. The health and wellness award defines wellness as therapies for employees in crisis or as preventative measures to mitigate stress to avoid crisis. It is open to all eligible Village of Key Biscayne employees of the police and fire departments who apply and meet the qualifications below. The application period for The Village of Key Biscayne Public Safety Scholarship to Promote Health & Wellness is March 15 to April 15.

## REQUIRED DOCUMENTATION

- Must be a current employee of the Village of Key Biscayne Police Department or Fire Department. Former employees with at least ten (10) years continuous full-time employment will be considered for eligibility for grants in extraordinary circumstances in the discretion of the committee.
- Must demonstrate a health or wellness hardship.
- Must submit a letter of recommendation from their supervisor or department head.
- Must submit an invoice or proposal for needed care or treatment.

All items listed above must be included or the application will not be considered.

# THE VILLAGE OF KEY BISCAYNE PUBLIC SAFETY SCHOLARSHIP TO PROMOTE HEALTH & WELLNESS APPLICATION

## General Instructions

Answer all questions. Leave no blanks. Please type or print neatly in black ink. Incomplete applications will not be accepted.

## PERSONAL INFORMATION

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Are you an American Citizen? \_\_\_\_\_

Are you a current employee of the Village of Key Biscayne's Police and/or Fire Departments? \_\_\_\_\_

Are you a former employee of the Village of Key Biscayne's Police and/or Fire Departments with at least 10 years of continuous employment? \_\_\_\_\_

## HEALTH OR WELLNESS HARDSHIP

Do you have a documented health or wellness hardship? \_\_\_\_\_

Please use this space to explain health or wellness hardship.

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## ATTACHMENTS

Please attach/include all of the following items with your application.

- Letter of Recommendation - *the letter must be from your supervisor or department head*
- Invoice or Proposal for Needed Care or Treatment - *All applicants must have an invoice for completed treatment or a proposal for needed care or treatment.*

## AUTHORIZED CERTIFICATION

*My signature below is to certify that all of the information reported in this application is true and correct to the best of my knowledge, and further that I understand and agree that if I am awarded this scholarship, it will be payable to the college, as a credit to me, only upon proof of full-time enrollment at the college.*

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Signature of Individual

Date