

AEMT TRAINING SCHOLARSHIP APPLICATION

# Please read this application carefully and in its entirety, as failure to complete as written may result in the rejection of your scholarship application.

#### Thank you for your interest in becoming a certified AEMT!

The St. Lawrence County Emergency Services Bureau of Emergency Medical Services (SLCBEMS) Training Scholarship was created in conjunction with the St. Lawrence County Board of Legislators to assist our community members in becoming AEMT's by fully or partially sponsoring the tuition of the AEMT course. This scholarship is designed to help departments who are in need of financial assistance get their members fully certified to the AEMT level.

## CHECKLIST AND INSTRUCTIONS:

Meet the requirements for the scholarship.

[] Requirements: Affiliated with a NYS EMS Agency that can operate to at least the AEMT level, and be certified as a New York State EMT-B

Locate an AEMT course in your area. Most St. Lawrence County courses can be found at: <u>https://www.clarkson.edu/ems-course-certification</u>

- [] **DO NOT SIGN UP FOR THE COURSE**. If awarded the scholarship, SLCBEMS staff will sign up or pay on your behalf. You must apply for this scholarship at least 10 days prior to the close of registration. It is recommended you apply for this scholarship as soon as registration opens to ensure a seat in the course.
- [] Complete the attached scholarship application, including having the agency leader complete SECTION THREE.

Submit the completed application in person (DO NOT MAIL) to: 49  $\frac{1}{2}$  Court Street, Emergency Services

[] Canton, NY 13617 OR By Email: <u>imitchell@stlawco.org</u>

Following the receipt of this application, you shall receive correspondence by email or phone within **two business days** regarding the award of the scholarship. In the event that there is no communication within this timeframe, please contact the SLCBEMS office at (315)379-2240.



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SECTION ONE: DEMOGRAPHICS				
Full Name:			Date of Birth:	
Address:				
City/Town:	State:	Zip:	Phone:	
Email:				
How long have you been an EMT?		EMT Number:		
Are you a Clarkson student?: () YES	( ) NO	If yes, CU Student Number:		

SECTION TWO: COURSE INFORMATION/MATERIALS				
Requested course location and dates:	Requested course Instructor:			
Are you requesting financial assistance for a textbook? () () If yes, book YES NO	Are you requesting financial assistance for uniforms? () () YES NO			
**If requesting financial assistance for a textbook/uniform, if approved, you shall receive 90% of the total cost up front, with the remaining 10% reimbursed after receipts are submitted to SLCBEMS**				

SECTION THREE: AGENCY INFORMATION				
Agency Name:		Agency Code:		
Agency Leader and Title:				
Agency Leader Phone:	Agency Leade	r Email:		
I, as an official representative of the NYS EMS agency listed above, affirm that the applicant named in SECTION ONE of this form is a member in good standing of the listed NYS EMS service. I also understand that SLCBEMS may contact me for additional information, and that SLCBEMS will request the reimbursement funds that the applicant's agency receives through NYS DOH once the student successfully passes the course. I also understand that the student must complete the entirety of the course or this scholarship may be revoked.				
Agency Official's Signature		Date		



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#### SECTION FOUR: CHARACTER REFERENCE

Please note that this reference will be considered part of the application for the St. Lawrence County Emergency Services Bureau of EMS AEMT Training Scholarship only, and shall be considered confidential when received. Most reference requests are sent via email unless otherwise specified.

Reference Name:

Reference Phone:	Reference Email:
Relationship to Reference:	Years known:

#### SECTION FIVE: ADDITIONAL INFORMATION

In a few sentences, please explain why you wish to be an AEMT:

#### SECTION SIX: ATTESTATION

I, \_\_\_\_\_\_\_, understand that I am applying for the St. Lawrence County Emergency Services Bureau of Emergency Medical Services (SLCBEMS) AEMT Training Scholarship and affirm my wish to be considered as a nominee for this scholarship. I have read and understand this application in its entirety, understand that this application must be reviewed and approved by SLCBEMS staff, and that any agency affiliations I list may be contacted for a character reference. I that my reference listed in SECTION FOUR will be contacted for a character reference, and such character reference will be considered confidential. I understand that if awarded this scholarship, I must complete the AEMT course and pass the AEMT certification exam. I attest that I have reviewed NYS DOH Part 800.6 and am eligible to be certified as a NYS AEMT. I understand that failure to meet the guidelines as stated in this section may result in revocation of this scholarship, and that repayment to SLCBEMS in full will be required.

Applicant Signature

Date



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SECTION SEVEN: SLCBEMS STAFF USE ONLY				
I,, have reviewed this application in its entirety, and hereby				
	_ this application.			
Approve/Deny				
	Staff Signature & Title	Date		