

ST. LAWRENCE COUNTY EMERGENCY SERVICES BUREAU OF EMERGENCY MEDICAL SERVICES

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: https://www.clarkson.edu/ems-course-certification |
| [] | Complete the attached scholarship application, including having the agency leader complete SECTION THREE. |
| | Submit the completed application in person (DO NOT MAIL) to: 49 ½ Court Street, Emergency Services |

[] Canton, NY 13617

OR

By Email: mdenner@stlawco.gov

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 Stud | dent Number: | | | | |
| | | | | | | | |
| SECTION TWO: C | OURSE I | NFORMATION/ | MATERIALS | | | | |
| Requested course location and dates | : | Requested cou | urse Instructor: | | | | |
| Are you requesting financial assistant | e for a | | sting financial assistance for | | | | |
| textbook? () () If yes, book | ok | uniforms? (|) () S NO | | | | |
| **If requesting financial assistance for a textbook | **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** | | | | | | |
| with the remaining 10 % rem | indurace and | or recorpts are subm | inted to OLOBEINO | | | | |
| SECTION TH | REE: AG | ENCY INFORM | IATION | | | | |
| 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. | | | | | | | |
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| SECTION FOUR: CHA | RACTER 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: ADDIT | TONAL INCORMATION | | | | |
| SECTION FIVE: ADDIT | TONAL INFORMATION | | | | |
| | | | | | |
| | | | | | |
| SECTION SIX: | ATTESTATION | | | | |
| Emergency Services Bureau of Emergency Me Scholarship and affirm my wish to be considered read and understand this application in its entireviewed and approved by SLCBEMS staff, and contacted for a character reference. I that my recontacted for a character reference, and such a confidential. I understand that if awarded this seand pass the AEMT certification exam. I attest am eligible to be certified as a NYS AEMT. I unstated in this section may result in revocation of SLCBEMS in full will be required. | ed as a nominee for this scholarship. I have ety, understand that this application must be d that any agency affiliations I list may be eference listed in SECTION FOUR will be character reference will be considered cholarship, I must complete the AEMT course that I have reviewed NYS DOH Part 800.6 and derstand that failure to meet the guidelines as f this scholarship, and that repayment to | | | | |
| Applicant Signature | Date | | | | |



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