



**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 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