



**ST. LAWRENCE COUNTY EMERGENCY SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES  
PARAMEDIC 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 Paramedic!**

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 Paramedics by fully or partially sponsoring the tuition of the Paramedic course. This scholarship is designed to help departments who are in need of financial assistance get their members fully certified to the Paramedic level.

**CHECKLIST AND INSTRUCTIONS:**

Meet the requirements for the scholarship.

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

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Locate a Paramedic course in your area. Most St. Lawrence County courses can be found at: [https://www.ech.org/Departments-and-Programs/Paramedic-](https://www.ech.org/Departments-and-Programs/Paramedic-Program/)

- ☐ [Program/](#)

If awarded, payment will be made directly to the training institution. It is recommended to apply as early as possible.

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- ☐ Complete the attached scholarship application, including having the agency leader complete SECTION FOUR.

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Submit the completed application in person (**DO NOT MAIL**) to:  
49 ½ Court Street, Emergency Services

- ☐ Canton, NY 13617

**OR**

By Email: [jmitchell@stlawco.org](mailto:jmitchell@stlawco.org)

Following the receipt of this application, you shall receive correspondence by email or phone within **three weeks** 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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## PARAMEDIC TRAINING SCHOLARSHIP APPLICATION

SECTION ONE: DEMOGRAPHICS			
Full Name		Date of Birth:	
Address:			
City/Town:	State:	Zip:	Phone:
Email:			
Current Certification Level: ( ) EMT-B ( ) AEMT ( ) EMT-CC		EMT Number:	
Years of experience as an EMT:			
Additional Certifications:			
Professional Associations:			

SECTION TWO: EDUCATION		
<b>EMS EDUCATION</b>		
EMT-B Course Location/Sponsor (If Known):		
EMT-B Instructor (If Known):		
AEMT/EMT-CC Course Location/Sponsor (If Applicable/Known):		
AEMT/EMT-CC Instructor (If Known/Applicable):		
<b>GENERAL EDUCATION</b>		
High School:	Graduated: ( ) Yes ( ) No	
College:		
Major:	Graduated: ( ) Yes ( ) No	Degree Received:
College:		
Major:	Graduated: ( ) Yes ( ) No	Degree Received:



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## PARAMEDIC TRAINING SCHOLARSHIP APPLICATION

### SECTION THREE: CHARACTER REFERENCES

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

#### REFERENCE 1

Reference Name:

Reference Phone:

Reference Email:

Relationship to Reference:

Years known:

#### REFERENCE 2

Reference Name:

Reference Phone:

Reference Email:

Relationship to Reference:

Years known:

#### REFERENCE 3

Reference Name:

Reference Phone:

Reference Email:

Relationship to Reference:

Years known:

### SECTION FOUR: AGENCY INFORMATION

Agency Name:

Agency Code:

Agency Leader and Title:

Agency Leader Phone:

Agency Leader 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 FIVE: ADDITIONAL INFORMATION**

Please attach/submit the following with your application:

- Copy of current EMT-B, AEMT, or EMT-CC card
- Copy of current CPR card
- At least a one page essay describing your desire to advance your career in EMS

**SECTION SIX: ATTESTATION**

I, \_\_\_\_\_, understand that I am applying for the St. Lawrence County Emergency Services Bureau of Emergency Medical Services (SLCBEMS) Paramedic 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, and understand that this application must be reviewed by the EMS Scholarship Review Board and reviewed and approved by SLCBEMS staff. I understand that any agency affiliations or character references I list may be contacted, and such character references will be considered confidential. I understand that if awarded this scholarship, I must complete the Paramedic course and pass the Paramedic certification exam. I understand that if awarded this scholarship, I must work or volunteer as a Paramedic for a minimum of one (1) year in St. Lawrence County following certification. I attest that I have reviewed NYS DOH Part 800.6 and am eligible to be certified as a NYS Paramedic. 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

**SECTION SEVEN: SLCBEMS STAFF USE ONLY**

I, \_\_\_\_\_, have reviewed this application in its entirety, and hereby  
\_\_\_\_\_ this application.

Approve/Deny

\_\_\_\_\_  
Staff Signature & Title

\_\_\_\_\_  
Date