

# **Paramedic Scholarship**

## **APPLICATION REQUIREMENTS:**

- The applicant must be a member of a Fire Department belonging to the Ohio State Firefighters' Association.
- The applicant must be recommended by the fire chief.
- The applicant must be a high school graduate.
- The applicant must be 18 years of age.
- The applicant must show interest in the EMS field.
- The applicant must write a resume of their Fire and/or EMS background and future goals.
- The applicant must submit a completed "Official Application for Scholarship" and supporting documents.

## **AMOUNT OF SCHOLARSHIP GRANT:**

- \$2,000.00 may be applied toward tuition and other course charges including books and lab fees.
- Course must be completed within 3 years from the date of the award.
- Cost of courses will be paid to the individual upon successful completion of the course.

## **SELECTION COMMITTEE:**

- Candidates shall be selected from those applicants that meet all general requirements, and including, good character, dedication to the Fire or EMS Service, and financial need.

Scholarship Committee  
Tim Adams, Chairman

OHIO STATE FIREFIGHTERS' ASSOCIATION, INC.

**Paramedic Scholarship**  
*Application Form - please type or print!*

NAME \_\_\_\_\_ AGE \_\_\_\_\_ S.S. # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

\_\_\_\_\_ SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

NUMBER OF DEPENDENTS \_\_\_\_\_ OWN/RENT HOME \_\_\_\_\_ LIVE WITH PARENTS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ ANNUAL INCOME \_\_\_\_\_

NAME OF HIGH SCHOOL \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

NAME OF FIRE DEPT. \_\_\_\_\_ RANK \_\_\_\_\_

DESCRIBE OTHER FUNDING SOURCES THAT ARE AVAILABLE TO YOU (DEPARTMENT, CITY, TOWNSHIP ETC.)

TYPE OF FIRE DEPT.: PAID \_\_\_\_\_ VOL \_\_\_\_\_ CITY \_\_\_\_\_ VILLAGE \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ PRIVATE \_\_\_\_\_

DATE YOU ENTERED FIRE SERVICE \_\_\_\_\_ TOTAL YEARS OF FIRE SERVICE \_\_\_\_\_

LIST OTHER FIRE SERVICE AFFILIATIONS:

LIST ANY OTHER FIRE SERVICE COLLEGE DEGREES OR ACCREDITATION:

**INSTITUTION AND COURSE INFORMATION**

INSTITUTION NAME

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

COURSE TITLE \_\_\_\_\_ COURSE # \_\_\_\_\_

COURSE BEGINS \_\_\_\_\_ ENDS \_\_\_\_\_ FULL TUITION COST \_\_\_\_\_

\* Recipient of scholarship may be subject to receive a 1099.

# Paramedic Scholarship

TO: SCHOLARSHIP SELECTION COMMITTEE

In applying for consideration, I am aware that any grant will be applied against my tuition, books, and other course costs. In the event my course does not cost the full amount of the grant, I am only eligible for the amount of the tuition and I have no claim against the Ohio State Firefighters' Association for the remainder. I agree that no scholarship money will be used for travel expenses, meals, child care or any other expenses not connected with the paramedic tuition. I agree that no scholarship monies may be used for any schooling prior to the awarding of this scholarship. I am aware that I have up to two years to make use of the awarded scholarship. Any unused money after the three year period will revert back to the Paramedic Scholarship Fund.

I declare that all statements herein are complete and correct to the best of my knowledge, and that if any scholarship monies not used for the purpose of which it was intended, it will be returned to the Ohio State Firefighters' Association. Any deviation or non submission from the required application information may be subject to applications removal for consideration for scholarship.

Applicant's Signature \_\_\_\_\_ Dated \_\_\_\_\_

## **IT IS MANDATORY THAT THE FIRE CHIEF SIGN THIS APPLICATION BELOW!**

ENDORSEMENT OF THE FIRE CHIEF OF THE FIRE DEPARTMENT, REGARDING SAID COURSE

RECOMMENDED FOR COURSE \_\_\_\_\_ NOT RECOMMENDED \_\_\_\_\_

DETAILED REASONS:

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SIGNATURE OF FIRE CHIEF \_\_\_\_\_ DATED \_\_\_\_\_

## SPECIAL NOTES, CONDITION, AND INSTRUCTIONS REGARDING SCHOLARSHIP

NOTE: If application is approved, the following documents must be submitted to the scholarship committee for reimbursement.

1. Evidence of Satisfactory completion of course.
2. Copy of paid tuition bill.
3. A copy of bill for books and/or other course charges
4. A summary report regarding course substance, quality of instruction and copy of grades.

INSTRUCTIONS: Fill out this form, complete with required signatures. Write a resume of your fire and EMS service background, career and your education. Include the reasons for wanting the course mentioned and this scholarship. Attach all sheets to this form and forward to the Selection Committee of Scholarships.

**Chairman Tim Adams, 35810 Neff Road, Grafton, Ohio 44044, Home phone 330-483-4923**

ENTRIES POSTMARKED AFTER MAY 30TH, WILL NOT BE CONSIDERED FOR THIS YEARS SELECTION.

ASSESSMENT AND RECOMMENDATION BY THE COMMITTEE ON SCHOLARSHIPS:

Recommended \_\_\_\_\_ Amount Awarded \_\_\_\_\_ Not Recommended \_\_\_\_\_

REASONS:

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CHAIRMAN'S SIGNATURE \_\_\_\_\_ DATED \_\_\_\_\_