

Southern Alleghenies EMS Council Regional Allied Health Scholarship

Applications must be sent to Central Pennsylvania Community Foundation
1330 11th Avenue, Altoona, PA 16601

Deadline: 15th of each month for all levels

Criteria:

- ❖ Applicant must be a resident of SAEMS Region (Bedford, Blair, Cambria, Fulton, Huntingdon and Somerset Counties) and be affiliated with an EMS Agency in the region.
- ❖ EMS certification classes can be taken at any accredited EMS Educational Institute in PA. Funds will be paid directly to the Educational Institute or the payee of the tuition.
- ❖ Scholarship amounts are:
 - **EMR: 50% of tuition up to a total amount of \$220 (1 awarded per quarter)**
 - **EMT: 50 % of tuition up to a total amount of \$400 (4 awarded per quarter)**
 - **AEMT: 50% of tuition up to a total amount of \$375 (1 awarded per quarter)**
 - **Paramedic: 50% of tuition up to a total amount of \$2,600 (4 awarded per calendar year)**
- ❖ Candidates must sign scholarship contract and adhere to the guidelines outlined in the contract.
- ❖ Applications will be reviewed by a committee established by the Central PA Community Foundation.
- ❖ Applicants who meet the guidelines and receive the highest score through their application review will be awarded the scholarship.

Please Print or Type:

Name: _____ Birth Date: _____

Address: _____

City, State & Zip: _____

Telephone: _____ E-mail: _____

County: _____

Agency Affiliation: _____

County: _____

Number of years with the agency: _____ EMS Certification # (if applicable): _____

What EMS certification course are you interested in taking: (please circle)

EMR EMT AEMT Paramedic

What Educational Institute is hosting the course you are interested in taking:

When is the course scheduled to begin? _____

REFERENCES: (references will be contacted) Please list two (2) professional references and one (1) personal reference.

Professional:

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to applicant: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to applicant: _____

Personal:

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to applicant: _____

Recommendation Letter:

A letter of endorsement/recommendation from the agency you are affiliated with must be included with application.

Paramedic Essay:

Applicants for Paramedic **must** attach an essay of 500 words or less explaining why you would benefit from this scholarship. (Must be Times New Roman font, 12 point font size and double spaced.)

[SUBMIT FORM CLICK HERE](#)