



APPLICATION FORM

Name of Applicant: _____ S.S. # _____

Address of Applicant:

Present: _____

E-mail: _____

Telephone Numbers: Present : () _____ Permanent: () _____

Employer:

Name: _____

Address: _____

Applicant certifies that applicant is:

1. ___ A resident of Pennsylvania.
2. ___ Not a previous winner of an award
3. ___ Is eligible to work in the United States, meets all the applicable requirements and is eligible to be EMS provider in Pennsylvania. A background check will be required to confirm eligibility.

All of the following documents are required to complete this application and must be submitted with this application. If not attached, please explain.

Attached:

Yes No

___ ___ **Confirmation of enrollment in a training program accredited by the governing agency of EMS** in the Commonwealth including the dates for which the grantee will be enrolled in the program (beginning and ending) as well as the total cost of the program the applicant is attending.

___ ___ **A statement describing my participation in EMS and community activities both past and present,** indicating any honors received.

___ ___ **One or more letters of recommendation** from faculty members, administrative officials or community leaders evaluating my ability, performance, and leadership potential.

___ ___ **A statement describing my reasons for** requesting this award.

___ ___ **A certified copy of your transcript.** (required when funds are to be used for credit tuition).

If no, reason: _____

Signature _____ Date _____