

Southern Region
EMERGENCY
Medical Services Council, Inc.

SCHOLARSHIP PROGRAM GUIDELINES

Southern Region is committed to assisting current and potential EMS providers throughout the region in receiving EMS education. SREMSC offers a scholarship program to providers to assist with the increasing costs of education. Program prerequisites for scholarship qualification are as follows:

1. *Applicant must be an active provider with an EMS organization within Southern Region.*
2. *Applicant must submit with the application, a letter of support and recommendation from the organization to which the individual belongs.*
3. *Applicant must submit a copy of their current Alaska credential with the application. For individuals seeking first time ETT training or EMT certification, recommendation from the community based EMS service will be required.*
4. *Scholarship awards are for student incurred costs only. Applicants must show tuition costs and estimated travel costs. Any amounts that will be paid by your organization or any other entity, should not be included in the estimated costs.*

The scholarship amount will be for the course tuition and travel expenses up to a total award of \$500.00

Students will be notified by mail or phone if their scholarship application has been approved or declined. If approved, the award will be mailed within 30 days after receiving copies of course completion, receipts for course costs and travel expenses.

The following documentation must be submitted to Southern Region EMS Council within 60 days of completion of course:

1. *Documentation of successful course completion, and*
2. *Receipts showing the course costs and travel expenses incurred by the student.*

Applications for volunteers, initial ETT, EMT-I, II or III, any refresher training, instructor classes, preceptorships, and continuing education courses such as BTLs, ACLS, PHTLS, PALS, Medevac etc., will be given priority. Paramedic training, as well as EMS conferences, will also be considered.

Funds will be allocated on a first come, first serve fiscal year basis. There is a maximum amount awarded each fiscal year. Evaluators will take into consideration amounts previously funded to individuals and others in their communities. This program is open to all providers in Southern Region. Southern Region EMS Council staff and seated Board Members are not eligible to apply for or receive scholarship program funds.

PLEASE CALL SOUTHERN REGION EMS AT (907) 562-6449 IF YOU HAVE ANY QUESTIONS

**Southern Region EMS Council
Scholarship Program
6130 Tuttle Place
Anchorage, AK 99507**

SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

PHONE(H): _____ (W): _____ (Fax) _____

CURRENT LEVEL OF CERTIFICATION: _____

AGENCY AFFILIATION: _____

AGENCY HEAD: _____ PHONE: _____

COURSE/PRECEPTORSHIP TITLE: _____

DATES OF COURSE/PRECEPTORSHIP: _____ LOCATION _____

ESTIMATED COSTS: * (Do not include amounts that will be paid by your organization or another entity)

* Tuition _____ * Travel _____

➤ **NOTE:** Copy of current EMS credential and letter of recommendation and support from the sponsoring agency must be attached.

SCHOLARSHIP IS FOR TUITION AND TRAVEL COSTS UP TO AN AWARD OF \$500.00

AGREEMENT: If I am awarded this scholarship, I agree to submit to Southern Region EMS Council, within 60 days of the course completion date, course completion documentation and receipts for course costs and travel expenses incurred. I understand that this documentation must be submitted in order to receive the scholarship award.

Signature of Applicant: _____ Date: _____

DO NOT WRITE BELOW THIS LINE-ADMINISTRATIVE PURPOSES ONLY

_____ Volunteer within SREMSC	_____ Current Credential exp. _____
_____ Letter of Agency Support	_____ * Verification of student incurred expenses
_____ Authorized Course	_____ Funds Available
_____ Scholarship Approved Amount \$ _____	_____ Scholarship Denied

Comments: _____

_____ Reviewed By	_____ Date	_____ Reviewed By	_____ Date
_____ Authorized By	_____ Date	_____ Funds Distributed	_____ Date
Date Applicant Notified _____		Award Check Number _____	