



# EMMCO West, Inc.

## Northwestern PA EMS Council

### EMS SCHOLARSHIP CANDIDATE CONTRACT

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

School District In Which You Reside: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Text O.K.?  Yes  No

I, \_\_\_\_\_ (candidate) understand that I am entering into a written agreement with \_\_\_\_\_ (EMS Agency). The purpose of this agreement is to award me with a scholarship and to provide me with the opportunity to take two (2) attempts at successful completion of the National Registry cognitive exam. \_\_\_\_\_ (EMS Agency) will pay for the initial tuition costs of the certification class and the National Registry cognitive examination costs. EMMCO West, Inc. will reimburse \_\_\_\_\_ (EMS Agency) for these expenses. By receiving their scholarship, I agree to the following terms:

1. I am member, volunteer, prospective employee, employee of a licensed PA Department of Health EMS agency.
2. I am at least 16 years of age at the time of signing this contract (Parent/guardian if <18 years old)
3. I have a permanent residence in the EMMCO West region.
4. I live in a school district that has been designated as Rural as defined by Act 93 of 2020.
5. I will enroll and complete an EMS certification educational course within the scholarship timeframe of July 1, 2022 – May 15, 2023.
6. Based on my status at the end of the course, I will participate in both the psychomotor and cognitive exams.
7. Upon successful course completion and state certification as an EMS provider, I will remain involved with the EMS agency for a minimum of one year from my enrollment into the educational program. This is subject to the EMS agency’s human resource management policies and standard operation procedures.
8. Should I not complete the educational certification course and certification requirements and/or not remain involved with the EMS agency, I will provide the EMS agency with a full reimbursement of the tuition costs that were incurred.

By signing this scholarship contract, I am agreeing to the aforementioned terms. This is a fair and binding agreement between me and the EMS agency. I understand and agree to all the terms of the contract and will adamantly work to adhere to these terms.

\_\_\_\_\_  
SCHOLARSHIP APPLICANT (PLUS PARENT/GUARDIAN IF APPLICABLE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMS AGENCY REPRESENTATIVE/AFFILIATE NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMMCO WEST REPRESENTATIVE

\_\_\_\_\_  
DATE

Approved  Denied