

TIOGA COUNTY TRAINING SCHOLARSHIP PROGRAM APPLICATION

APPLICANT INFORMATION

Date _____ First Name _____ Last Name _____

Primary Phone _____ Please check one: ☐ Mobile ☐ Home ☐ Work

Secondary Phone _____ Please check one: ☐ Mobile ☐ Home ☐ Work

Your Email _____ Driver's License # _____

Driver's License State _____ Home Address _____

City _____ State _____ County _____ Zip _____

PENN COLLEGE COURSE REQUESTED:

CPR/AED/First Aid _____ ITLS _____ NR-EMR _____ NR-EMT _____

SCHOLARSHIP CRITERIA

Are you a Tioga County, Pennsylvania resident? Y ☐ N ☐

Are you a member in good standing of one of the following certified volunteer EMS or Fire/Rescue organizations which provide primary emergency coverage to Tioga County? **If so, you must attach proof of membership to this application.** (Please circle yes or no)

- Canton Fire Department (Bradford County)	Y <input type="checkbox"/>	N <input type="checkbox"/>
- Galeton EMS (Potter County)	Y <input type="checkbox"/>	N <input type="checkbox"/>
- Galeton Fire Department (Potter County)	Y <input type="checkbox"/>	N <input type="checkbox"/>
- Germania Fire Department (Potter County)	Y <input type="checkbox"/>	N <input type="checkbox"/>
- Harrison Valley Fire Department (Potter County)	Y <input type="checkbox"/>	N <input type="checkbox"/>

*Are you sponsored by an EMS, Fire/Rescue, or Law Enforcement Agency or organization which provides primary emergency coverage to Tioga County? **If so, you must attach proof of sponsorship to this application.** (Please circle yes or no)

Y ☐ N ☐

*Proof of sponsorship is identified as a formal statement on agency letterhead signed by an individual with financial responsibility for that agency.

Are you applying to take a Penn College EMS course but are not a current member of an EMS, Fire/Rescue, or Law Enforcement Agency or organization servicing Tioga County? (i.e., are you asking for Tioga County to be your sponsor?)

Y ☐ N ☐

SCHOLARSHIP AGREEMENT

I hereby state that I am a dedicated learner who is motivated and will complete the requested program in its entirety. I understand that in doing so I am preparing to serve my community and others.

If granted the scholarship, I hereby agree to submit a deposit of 50% of the total course tuition fee to the Tioga County Training Scholarship Program (TCTSP) prior to the start of the course at:

Tioga County TSP
99 William Farrell Drive
Wellsboro, PA 16901

I understand that I must complete the entire training program and be certified or I forfeit that deposit.

I understand that the Tioga County Commissioners have dedicated funding toward the remaining 50% of tuition costs for this course and that, if I do not complete the entire training program and be certified, I am responsible for reimbursing the TCTSP for the full amount of that 50%.

I understand that, for EMR and EMT, successful completion of training includes National Registry Certification (at the same provider level (or higher) as the course in which I have received Scholarship monies) within six (6) months of the course completion date.

INDIVIDUAL

PRINT NAME: _____ SIGNATURE: _____

SPONSORING ORGANIZATION

PLEASE NOTE: The below sponsoring agency organization agrees to assume the role of co-signer and is therefore responsible for ensuring that 50% of the course tuition is reimbursed to the TCTSP in the event that the individual does not complete the stated requirements.

AGENCY NAME: _____

PRESIDENT NAME: _____ SIGNATURE: _____

PLEASE SUBMIT COMPLETED FORM TO:

Tioga County Dept. of Emergency Services
c/o TCTSP
99 William Farrell Drive
Wellsboro, PA 16901

or email to emergencyservices@tiogacountypa.us

or fax to 570-724-6819

DES APPROVAL

To be completed by the Tioga County Department of Emergency Services ONLY

DATE RECEIVED: _____ APPLICATION STATUS: ☐ Approved ☐ Denied

DECISION DATE: _____ EXPLANATION: _____

PRINT NAME: _____ SIGNATURE: _____