 **SAEMS**

SOUTHEAST ARIZONA EMERGENCY MEDICAL SERVICES COUNCIL

**DAN SPAITE, MD; CHAIR BILL MILLER, CHIEF FRY FIRE; VICE CHAIR**

**SARA PEROTTI, ACNP-BC, NREMT-P, MSN; EXECUTIVE DIRECTOR**

PURPOSE: To provide partial reimbursement for EMS education to individuals who lack full agency or regional funding support. Applicants must be in good standing with DHS BEMSTS, and practicing in EMS/Fire/Rescue services in the region. Requests are limited to state approved BLS, ALS and bridge/transition courses. Funds are limited and will be disbursed at the Council's discretion.

PROCESS:

1. Applications must be filed on the appropriate SAEMS form.

2. Verification of successful course completion and certification must accompany application.

3. Applications will be considered on a quarterly basis by the appointed committee and reviewed and approved by the SAEMS council.

CHUCK KRAMER MEMORIAL SCHOLARSHIP APPLICATION

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME/AGENCY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT EMS/FIRE/RESCUE POSITION/CERTIFICATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR CONTACT INFORMATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DESCRIBE COURSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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COST OF COURSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE COMPLETION/CERTIFICATION DATE AND NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FUNDING PROVIDED BY OTHER SOURCES (AGENCY, GRANT, SCHOLARSHIP):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT PAID BY APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER INFORMATION PERTINENT TO APPLICATION:

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