**2017 ALABAMA EMS CONFERENCE**

**SCHOLARSHIP APPLICATION FORM**

**NAME OF DEPARTMENT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPARTMENT HEAD**(*Chief/Director*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Print Name Signature*

As the Department Head I hereby nominate the following person to represent our Department at the above named conference.

**DEPARTMENT NOMINEE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *First Middle Last*

**TITLE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Chief, Director, Manager, Etc.*

**EMT LEVEL**: \_\_\_\_\_\_ *Basic*, \_\_\_\_\_\_ *Advanced*, \_\_\_\_\_\_ *Paramedic*

**AL LICENSE NUMBER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EXPIRATION DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**CONTACT NUMBER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell

**ELIGIBILITY FOR FUNDS**

The applicant must be a member of an Alabama licensed EMS Department and/or EMS Department in good standing with the Alabama Department of Public Health and its Office of Emergency Medical Services. The applicant upon award must attend the conference and upon successful completion receive a credit on your hotel bill and/or reimbursement up to a maximum of $300.00.

**SCHOLARSHIP FUNDS AVAILABLE**

A maximum award per individual is $300.00 (limited to 100 awards) as follows:

*Hotel/Lodging – Maximum of $200.00*

The award is available only for two nights, August 08-09, 2017 for persons staying only at the Perdido Beach Resort, the Conference Hotel.

*Registration – Maximum of $100.00*

The amount of $100.00 shall be awarded to the applicant upon meeting the Conference requirements.

**APPLICATION DEADLINE**: The deadline for submission to the office is 3:00 p.m., **May 05, 2017**.

**SUBMIT APPLICATIONS TO**: East Alabama EMS, P. O. Box 700, Lincoln, AL 35096, eaems@centurytel.net , or fax to 205-763-8402

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Application Number Application Received Approved/Date Denied/Date Award Amount ($)

 (Assigned by EMS) (Date)

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