

AMR Foundation EMT Scholarship Application Packet

Through the generosity of the AMR Foundation for Research and Education, scholarships have been established to offer financial assistance to students who are financially limited but otherwise well qualified EMT candidates. The AMR Foundation Scholarship Program helps bridge the gap low-income students face when seeking to begin their career in EMS.

In partnering with the AMR Foundation, Upstate EMS Programs will award three: \$1,000.00 scholarships for students to complete their EMT education with Upstate EMS Programs.

Fall 2021	Application Deadline August 6 th	Award August 9 th
Spring 2022	Application Deadline December 15 th	Award January 7 th
Summer 2022	Application Deadline April 15 th	Award May 6 th

Please print out this entire completed packet below and submit:

- The attached application
- The attached two letters of recommendation from a current/previous employer and/or mentor
- A 1-page essay briefly describing your financial need for this scholarship and your desire to advance your career in EMS.
- Any additional information the scholarship selection committee may find beneficial (community service hours, awards and recognition, etc.)

Individuals applying to the AMR Foundation Paramedic Scholarship must submit the following criteria no later than August 6th to:

Upstate Emergency Medicine
EMS Programs
550 East Genesee St.
Syracuse, NY 13202

UPSTATE

MEDICAL UNIVERSITY

Department of Emergency Medicine | EMS Programs

Scholarship Application

Last:				First:				Middle:			
Address:											
City:				State:		Zip:		Phone:			
Gross Annual Household Income:											
Number of Dependents:											

EMS Information

EMT#				Current Agency Affiliation:							
Years of Experience:				Additional Certifications:							
Professional Associations:											

Education

High School:											
Last Year Attended:						Graduated:			Degree Received:		
College:											
Major:			Year Ended:			Graduated:			Degree Received:		
College:											
Major:			Year Ended:			Graduated:			Degree Received:		
College:											
Major:			Year Ended:			Graduated:			Degree Received:		

Instructions for Completing the Enclosed Letter of Recommendation Form

To the Applicant

- Please complete the top portion of the letter of recommendation form to include the name and contact information of the individual who will be writing this recommendation as well as your name so that we know who this form belongs to.
- Indicate whether you waive or do not waive your right to see this recommendation. If you do not waive your right to see this letter, this letter may be disclosed to you only **after the competition has completed**. If you do not indicate any choice to waive or not waive your right, you will not be allowed to see your letter.
- Recommendation letters must be from a current or previous employer and/or mentor
- Please be sure to **sign the form** where noted **before giving it** to the recommending individual.
- Email this form to the recommending individual so they can complete it.

To the Recommender

- You have been asked to provide a letter of recommendation that will assist the AMR Foundation Scholarship Selection Committee in validating this applicant's qualifications for the AMR Foundation Scholarship. Please complete both pages of the form. Additional comments may be provided as a separate attachment when you email the completed form.
- Please email the completed form to EMSCTR@upstate.edu, or print and seal the letter of recommendation and mail it to:

Upstate Emergency Medicine
EMS Programs
550 East Genesee St.
Syracuse, NY 13202

4. Of similar applicants for advanced work you have known, how does this applicant rank on a 1-10 scale? (10 highest, 1 lowest, 5 average)

5. What are the applicant's special academic/professional strengths and weaknesses?

6. What has been individual's greatest achievement (academic, personal, community)?

7. Please provide any additional comments that you deem relevant regarding the applicant.

8. Do you recommend the applicant for the AMR Foundation Paramedic Scholarship?

- | | |
|--|---|
| <input type="checkbox"/> Recommend highly | <input type="checkbox"/> Do not recommend |
| <input type="checkbox"/> Recommend | <input type="checkbox"/> Insufficient basis for making recommendation |
| <input type="checkbox"/> Recommend with reservations | |

9. Please check one:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | I have no objection to disclosing this letter of recommendation to the applicant if he/she requests
(Request to see this letter will be accommodated only after the close of the competition.) |
| <input type="checkbox"/> | I do not want this letter of recommendation to be disclosed to the applicant. |

Signature _____

Date

--

Print name

--

Email address

--

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Applications are due no later than August 6th 2021

The applicant noted in the box below is applying for the AMR Foundation Paramedic Scholarship and has asked that you provide a letter of reference. We appreciate your time and effort in supplying this additional background information. This letter of reference will be considered part of the application for the AMR Foundation Paramedic Scholarship only. Please place the completed letter in a sealed envelope and sign your name across the seal. Return the sealed envelope to the applicant so they can turn it in with the application packet in its entirety. Thank you for your assistance.

Name and Title of Person Writing Recommendation (**please type or print**)

Address

Contact Phone Number _____

Name of Applicant (Please Type or Print) _____

TO THE APPLICANT: Confidentiality of Participant Records
Upstate Emergency Medicine EMS Programs policy, this letter may be viewed by you unless you waive your right to see it or the person writing this letter wishes it to be held in confidence (#9). In the event you do not waive your right to see this letter but the referee indicates in item #9 that he/she wishes the letter to be held in confidence, the referee's preference will take precedence.

I waive my right to see this letter of reference

I do not waive my right to see this letter of reference

_____ *Signature of Applicant*

_____ *Date*

LETTER OF RECOMMENDATION

Please respond to the questions below. Additional comments may be provided on separate letterhead.

1. How long have you known the applicant?

2. How well and in what capacity do you know the applicant?

3. Please rate the applicant in terms of each of the following:

	Exceptional	Well Above Average	Above Average	Average	Below Average	Unable to Judge
Leadership						
Initiative						
Creativity						
Adaptability						
Intelligence						
Readiness for advanced work						
Self-expression						
Ability to pursue independent study						

4. Of similar applicants for advanced work you have known, how does this applicant rank on a 1-10 scale? (10 highest, 1 lowest, 5 average)

5. What are the applicant's special academic/professional strengths and weaknesses?

6. What has been individual's greatest achievement (academic, personal, community)?

7. Please provide any additional comments that you deem relevant regarding the applicant.

8. Do you recommend the applicant for the AMR Foundation Paramedic Scholarship?

- | | |
|--|---|
| <input type="checkbox"/> Recommend highly | <input type="checkbox"/> Do not recommend |
| <input type="checkbox"/> Recommend | <input type="checkbox"/> Insufficient basis for making recommendation |
| <input type="checkbox"/> Recommend with reservations | |

9. Please check one:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | I have no objection to disclosing this letter of recommendation to the applicant if he/she requests
(Request to see this letter will be accommodated only after the close of the competition.) |
| <input type="checkbox"/> | I do not want this letter of recommendation to be disclosed to the applicant. |

Signature _____

Date

--

Print name

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Email address

--