

Commissioners:

SCOTT L. METZGER  
*Chairman*

TONY R. MUSSARE  
*Vice Chairman*

RICHARD MIRABITO  
*Secretary*



MATTHEW A. McDERMOTT  
*Director of Administration  
and Chief Clerk*

J. DAVID SMITH  
*Solicitor*

Telephone (570) 320-2124  
Fax (570) 320-2127

COUNTY of LYCOMING  
48 WEST THIRD STREET  
WILLIAMSPORT, PA 17701

www.lyco.org  
county.commissioners@lyco.org

**LYCOMING COUNTY EMS TUITION REIMBURSEMENT/  
INCENTIVE APPLICATION**

**APPLICANT INFORMATION**

Date \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Please check one:  Mobile  Home  Work

Secondary Phone \_\_\_\_\_ Please check one:  Mobile  Home  Work

E-mail \_\_\_\_\_ Driver's License # \_\_\_\_\_

Driver's License State \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY SERVICES COURSE REQUESTED:**

EMR \_\_\_\_\_ EMT \_\_\_\_\_ Other \_\_\_\_\_

Name of educational institute, offering the program: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_

Location of Program: \_\_\_\_\_

Tuition Cost of Program: \_\_\_\_\_

**SCHOLARSHIP CRITERIA**

Are you a Lycoming County, Pennsylvania resident? Yes or No

Are you a member in good standing of a Licensed EMS Agency or Fire/Rescue organization which provides primary emergency coverage to Lycoming County? Yes or No

Are you sponsored by an EMS, Fire/Rescue, or Law Enforcement Agency or organization which provides primary emergency coverage to Lycoming County? Yes or No

**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.

Applicants shall submit the application for Lycoming County EMS Reimbursement/Incentive Application prior to the start of the course to the Lycoming County Department of Public Safety, 542 County Farm Rd., Montoursville, PA 17754

Signature of President or Chief officer of Sponsoring Agency below acknowledges that the candidate is a member in good standing of said Agency that provides primary emergency coverage to Lycoming County.

I understand that the Lycoming County Commissioners have dedicated funding toward the tuition costs of Emergency Medical Responder, and Emergency Medical Technician. 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 twenty-four (24) months of the course completion date. After successful certification with the National Registry the candidate MUST provide copies of the certification to the Lycoming County Department Public Safety. Once the copies are received the applicant will be refunded 50% of their tuition fee paid for the course through their respective EMS Agency.

**INDIVIDUAL**

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

SPONSORING AGENCY NAME: \_\_\_\_\_

PRESIDENT/CHIEF NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PLEASE SUBMIT COMPLETED FORM TO:**

ATTN: EMS Program Manager  
Lycoming County Dept. of Public Safety  
542 County Farm Rd.,  
Suite 101, Montoursville, PA 17754

or fax to 570-433-4435

-----  
**DPS APPROVAL**

To be completed by the Lycoming County Department of Public Safety ONLY

DATE RECEIVED: \_\_\_\_\_ APPLICATION STATUS:  Approved  Denied

DECISION DATE: \_\_\_\_\_ EXPLANATION: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_