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Solicitor

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COUNTY of LYCOMING
48 WEST THIRD STREET
WILLIAMSPORT, PA 17701

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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: _____