

Mary Rutan Foundation Emergency Medical Services Scholarship Program

Mary Rutan Foundation is proud to support local Emergency Medical Personnel and their efforts in Logan County through the reinstatement of its EMT/Paramedic Scholarship Program. Because it has been brought to our attention that there is need for additional EMS personnel in Logan County, during this scholarship period, the program has been expanded to include EMT Basic, EMT Intermediate and Paramedic fields of study.

The Foundation Board has allocated \$10,000.00 for this scholarship period, planning to award two scholarships in each area. Scholarship amounts for this cycle include:

EMT Basic \$700

EMT Intermediate \$750

Paramedic \$2,700

After investigation of the program cost in this area, we believe that these scholarships will fund 50% of the program for each recipient.

Scholarships will be awarded quarterly. Applications must be completed and submitted with all supporting documents to Mary Rutan Foundation no later than January 1, April 1, July 1 or October 1 each year. Selection will be made and applicants will be informed of awards by the end of the preceding month application is received.

Qualifications:

- Resident of Logan County
- Work for a Logan County Squad or serve on a Logan County Volunteer Squad for a 2 year period after certification or payback of scholarship is required.

For additional information or questions about the program, please contact Mary Rutan Foundation at (937) 599-7003 or via email at tammy.allison@maryrutan.org.



Mary Rutan Foundation

EMT AND PARAMEDIC SCHOLARSHIP PROGRAM	Tammy Allison, COO
Logan County Residents Only	205 E. Palmer Road
Check One:	Bellefontaine, OH 43311
<input type="checkbox"/> Basic EMT Certification	(937) 599-7003
<input type="checkbox"/> Intermediate EMT Certification	Fax: (937) 592-7007
<input type="checkbox"/> Paramedic Certification	E-mail: tammy.allison@maryrutan.org
Scholarship Cycle Due Dates: January 1st, April 1st, July 1st or October 1st	

1. Name			
Last	First	Middle	
2. Permanent Address - Street:			
3. City, State, Zip			
4. University, College or Tech School Attending:			
5. Street Address, City, State, Zip			
6. Age		7. Marital Status	
8. Social Security #		9. # of Dependents	
10. Home Phone #		11. Cell Phone #	
12. Name of current employer:			
13. Position			
14. Salary/Wage \$			
15. Name of current Squad:		Circle One: Paid Position Volunteer Position	
Years with Squad:			
Supervisor:			
Street Address:		City, State, Zip:	
Phone number:			
16. Have you ever been convicted of a felony? Yes _____ No _____			
 If yes, explain and give dates.			
17. Source and amount of funds available for certification course:			
Squad \$		Scholarships \$	
Grant \$		Own Income \$	
Loan \$		Other \$	
18. Have you previously received assistance from Mary Rutan Foundation and/or other organizations? Year			
Yes		No	
Amount \$		Name of Source	
19. Will you commit to provide EMS services in Logan County for 2 years once you graduate?			
Yes		No	
Maybe		Please explain:	
20. Have you, or do you plan to make application for funds from another source?			
Yes		No	
Name of Source			

Mary Rutan Foundation

21. List Other Dependents in Household:			
Name	Age	Student K-12	Student Advanced Schooling
22. Written References that are attached: (List name, address, and phone #):			
a. Squad Chief:			
b. Health Care Professional or University/Tech Instructor or Employer:			

23. List family members who work at Mary Rutan Hospital or its affiliates such as Logan View, Mary Rutan Health Association, etc.

EDUCATIONAL INSTITUTION IN WHICH APPLICANT IS ENROLLED OR ENROLLING

24. Institution's Name, City, State	
25. Name of Degree being Pursued:	26. Expected Completion Date:
27. Most Recent Grade Point Average:	28. From:
29. List high school you graduated from:	
Name of School:	Graduation Year: Telephone #:

The following questions apply to the institution to which you are enrolled or are enrolling:

30. Total Program Expenses: _____ (Provide Breakdown On Next Line)
Tuition \$ _____ Books \$ _____ Fees \$ _____
31. Date Payment Must Be Made: _____ 32. Date Next Term Begins For You: _____

REQUIRED DOCUMENTATION CHECKLIST * All required documents must be included with application packet:

Two written letters:	
Squad Chief (required)	<input type="checkbox"/>
Healthcare professional or College Tech School Professional	<input type="checkbox"/>
Copy of Current EMT B Card	<input type="checkbox"/>
Official letter of acceptance to chosen program	<input type="checkbox"/>
A typed statement describing financial need	<input type="checkbox"/>
A typed statement explaining why you have selected to pursue a certification in this field and what it means to you and to the community.	<input type="checkbox"/>