

HAMPDEN COUNTY EMERGENCY MEDICAL SERVICES, INC
P.O. Box 502
West Springfield, Massachusetts 01090

Hampden County Emergency Medical Services, Inc. (HCEMS) offers a Tuition Assistance Program for qualified individuals seeking to advance their education in prehospital emergency medical services. These tuition stipends are granted to individuals who are in Basic, Intermediate or Paramedic programs and cover 80% of the course fee and/or books, up to \$300.00. HCEMS will pay the invoice directly to the institution or to the student with an appropriate receipt.

To be eligible for the stipend, **YOU MUST MEET THE FOLLOWING CRITERIA:**

- 1) You must be a resident of Hampden County
- 2) You must be either a full time or part time EMT (Please attach a copy of your EMT card to this application)
- 3) If you are not an EMT, but have been accepted into a Basic Course, you are still eligible.

All applications must be submitted to HCEMS by the following dates:

- 1) May 1st (For fall or winter programs)
- 2) November 1st (For spring or summer programs)

Name	Telephone
Street Address	
City	State Zip Code
Citizen of US? Yes _____ No _____	e-mail Address
Level of training for which you are applying:	Basic ___ Intermediate ___ Paramedic ___
INCOME:	
Total personal income from previous year	
Number in household	Number of dependents
Are you currently employed? Yes ___ No ___	If yes, where?
Are you receiving assistance of any kind?	Yes ___ No ___
If yes, please explain	
EMPLOYMENT	
1. Position	Date of hire Full time ___ Part time ___
Company	Address
Reference Name	Telephone
2. Position	Date of hire Full time ___ Part time ___
Company	Date of hire Full time ___ Part time ___
Address	
Reference Name	Telephone

PERSONAL REFERENCES

Please list three (3) personal references

NAME	RELATIONSHIP	TELEPHONE
1.		
2.		
3.		

PROGRAM IN WHICH YOU ARE ENROLLED

Name of Institution and Instructor _____

Cost of program: _____ Cost of books: _____

Please explain in 100 words or less why you are requesting assistance from the Hampden County EMS Council Tuition Assistance Program. You may type or print your response, and use additional paper if necessary.

I, _____ hereby acknowledge that all of the information included in this application is true and complete to the best of my knowledge.

Signature _____ Date _____

1. *All information contained in this application will be considered to be confidential

MAIL COMPLETED APPLICATION TO:

Tuition Assistance Program
Hampden County Emergency Medical Services, Inc.
P.O. Box 502
West Springfield, MA 01090