



# SENECA COUNTY Emergency Medical Services



## SENECA COUNTY EMS TRAINING GRANT APPLICATION

CLASS NAME \_\_\_\_\_ TOTAL COST \_\_\_\_\_

START DATE\* \_\_\_\_\_ FINAL TEST DATE \_\_\_\_\_

CLASS  
LOCATION \_\_\_\_\_

APPLICANT'S  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DISTRICT \_\_\_\_\_

CERTIFICATION LEVEL \_\_\_\_\_ EXP DATE \_\_\_\_\_

**GRANT CONTRACT:** Seneca County EMS will reimburse for the cost, or a percentage of the cost (see below), of this class upon approval. The undersigned applicant agrees to actively participate with the above named Seneca County EMS district for the period stipulated for that specific class. The applicant also agrees to reimburse Seneca County EMS the full amount of the grant if the preceding requirements are not met or the applicant does not successfully complete the class. By signing this agreement, the applicant authorizes the teaching institution to release the results of the class to Seneca County EMS.

\_\_\_\_\_  
APPLICANT SIGNATURE DATE \_\_\_\_\_

RECOMMENDED BY \_\_\_\_\_ DATE \_\_\_\_\_  
(SIGNATURE LOCAL SQUAD COORDINATOR ONLY)

\* GRANT FORM MUST BE IN EMS OFFICE 2 WEEKS PRIOR TO THIS DATE.

#####  
COUNTY EMS DIRECTOR APPROVAL [ ] YES [ ] NO \_\_\_\_\_

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