

AMR NW Diversity Recruitment Scholarship Program 2021 Application

Application Deadline: 11:59PM April 15, 2021

Please note, if you plan to mail an application it must be postmarked by April 15, 2021.

Description:

American Medical Response (AMR) Northwest is committed to supporting community members of color in their pursuit of a career in Emergency Medical Services. In support of this initiative, AMR has established a Diversity Recruitment Scholarship Program that provides two financial scholarships covering full tuition, course fees and textbooks to become a licensed Oregon paramedic and complete an Associate of Applied Science Degree (AAS) in Paramedicine.

To qualify, applicants must identify as a racial or ethnic minority and/or a Person of Color. This scholarship opportunity is *not* open to AMR employees or immediate relatives (parents, siblings, children) of AMR employees. Applicants must be citizens or Legal Residents of the United States.

The Diversity Recruitment Scholarship Program offers the following support to award recipients that maintain successful student status:

- Community college tuition, textbooks and course fees required to complete all paramedic prerequisite courses, including general education courses, EMS courses, and Emergency Medical
 Technician (EMT) certification courses, at Portland Community College, Mt. Hood Community
 College, Clackamas Community College or Oregon Institute of Technology.
- Tuition, textbooks and course fees required to complete Paramedic coursework at the College of Emergency Services (CES), located in Clackamas Oregon, resulting in an AAS degree.

Award recipients will be responsible for maintaining satisfactory educational performance throughout the duration of the scholarship period and will be required to commit to a minimum period of employment at AMR Northwest as a paramedic or risk award forfeiture. While the full details of the award agreement will be communicated to the award recipients' in the Service Agreement document, highlights include:

- Recipients will have 36 months to complete both EMT and Paramedic programs from the time of award date.
- Upon graduation and licensure as an Oregon Paramedic, recipients agree to a work requirement with AMR NW for the next 36 months.
- Recipients must maintain a 2.5 grade point average and report the successful completion of all coursework to AMR NW quarterly in the form of transcripts.
- Recipients will be required to submit a driving record and must adhere to AMR's Driver Qualification Standards throughout their scholarship term and employment with AMR. Applicants with more than two moving violations or at-fault collisions combined are not eligible.
- Background checks are required for local EMT and paramedic programs, state licensing, and for employment with AMR. Please contact programs and organizations directly for specific policies.



The Diversity Recruitment Scholarship selection committee will evaluate scholarship recipients based on several criteria, including but not limited to:

- Candidates who identify as a racial or ethnic minority/Person of Color
- Preference for applicants who demonstrate financial need
- Preference for bilingual applicants
- Demonstrated interest in Emergency Medical Services
- Successful past academic performance

Selection Process:

Completed applications are due on April 15, 2021

- Applications will be reviewed by the selection committee
- Selected finalists will be invited to interview with a panel of selection committee members including AMR leadership as well as local community members.
- Award decisions will be announced in May 2021.

Please contact Ali Treichel by email or phone at <u>alison.treichel@gmr.net</u>; (971) 409 – 5758 with any questions regarding the scholarship.



Directions: Please complete all sections. *Incomplete applications will not be considered.* To submit electronically, completed applications must be emailed to <u>alison.treichel@gmr.net</u> by 11:59PM on the application deadline date. If mailing, completed applications must be postmarked by the application deadline date and should be addressed as follows:

AMR NW ATTN: Community Education Department One SE 2nd Avenue Portland OR, 97214

Please contact Ali Treichel by email or phone at <u>alison.treichel@gmr.net</u>; (971) 409 - 5758 with any questions regarding the scholarship.

| FIRST NAME N | | IDDLE INITIAL | | LAST NAME | |
|-------------------------------------|-----------------------------|-------------------|-----------------------|------------------|--------------|
| BIRTH DATE | STREET ADDRESS | | | | |
| CITY | STATE | | ZIPCODE | | |
| EMAIL ADDRESS | | | | TELEPHONE | <u> </u> |
| HIGH SCHOOL | | | | DATES | |
| COLLEGE (IF APPLICABLE) | | | | DATES | |
| Are you a current A | MR employee? | □YES | \square NO | | |
| Are any of your imn | nediate relatives (parents, | siblings, childre | en) AMR employees? | □YES | \square NO |
| Do you have work a | uthorization in the U.S? | □YES | \square NO | | |
| How did you hear or teacher, online | about this scholarship o | opportunity? (| i.e. word of mouth, s | school counselor | |
| | | | | | |
| • | e added to an email dis | | | ocal EMS | |



Race/Ethnicity - Please check any/all that apply

| | Asian | | Middle Eastern | | | |
|------------------------------------------------------------------|-----------------------------------|--|------------------|--|--|--|
| | American Indian or Alaskan Native | | Pacific Islander | | | |
| | Black/African American | | White | | | |
| | Hispanic / Latino/a/x | | Other | | | |
| Language – Please check any/all languages that you are fluent in | | | | | | |
| | Chinese | | Russian | | | |
| | English | | Spanish | | | |
| | French | | Vietnamese | | | |
| | | | rictianicse | | | |

Essays – Please attach to completed application

Please provide answers to the following questions in two separate essays:

- 1. Please describe why you think diversity, equity, and inclusion is important in improving patient care and how you can contribute to this effort. (Maximum 1000 words).
- 2. Please describe what specific traits and characteristics you think make for a great Emergency Medical Services (EMS) professional. (Maximum 1000 words).

Recommendations – Please attach to completed application

All applicants should provide 2 letters of recommendation-no more than 1 page in length each. Recommenders should provide, at minimum, the following information:

- Recommender's name and Applicant's name;
- Recommender's contact information including phone number and e-mail;
- Length of time acquainted with and relation to Applicant;
- Information regarding academic capabilities, motivation, personal character, experiences and/or achievements of Applicant and why Applicant is a good candidate for this scholarship opportunity.

Recommenders should not be related to Applicants. Examples of appropriate recommenders include teachers, counselors, advisors, employers, coaches, religious leaders, and mentors.



Please answer the following questions about financial need. Scholarship recipients may be asked to provide verification of submitted information.

Adjusted Gross Income and federal income tax amounts should reflect the household's most recent US tax return. If the Applicant is claimed as a "dependent", the parent/guardian should provide the following information. If the Applicant is **not** claimed as a "dependent", please enter the Applicant's financial information below.

| | NO□ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Adjusted Gross Income (Form 1040): | |
| Total US Federal Income Tax Paid (Form 1040): | |
| State of Residence: | |
| Total number of family members living in the household and primarily supported by the al | bove |
| income: | |
| Total number of family members attending college at least half-time during the next school | ol year, |
| including the Applicant: | |
| Do you expect to be claimed as a "dependent" next year? YES \square NO \square | |
| Please use the space provided to list how you have been involved in your community (so community activities, club involvement, volunteer experience, or work experience). | chool and/or |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |



Diversity Recruitment Scholarship

Application Checklist

| ☐ High School graduate/GED, or anticipated graduation date ☐ Completed and signed scholarship application form ☐ Completed and attached all required essay questions ☐ High School transcript and college transcripts, if applicable attached | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| ☐ Two letters of recommendation are attached | |
| | |
| If selected for this scholarship, I authorize release of informat | tion for publicity purposes. |
| μ, | , p |
| | |
| X | Date: |
| Applicant's Signature | Date. |
| | |
| | |
| X | Data |
| Guardian's Signature if Applicant is under 18 | Date: |
| I understand that if selected for this scholarship, I will be exprogram at Clackamas Community College, Mt. Hood Commor Oregon Institute of Technology (if not currently a licensed Program in Clackamas Oregon within three years of the schothat upon completion of the Paramedic certification, I agree | unity College, Portland Community College, d EMT), and subsequently CES's Paramedic plarship award date. I further acknowledge |
| | |
| Χ | Date: |
| Applicant's Signature | Dute. |
| | |
| | |
| | |
| • | |
| X | Date: |
| Guardian's Signature if Applicant is under 18 | |