



County of Fresno
DEPARTMENT OF PUBLIC HEALTH
David Luchini, Director
Dr. Rais Vohra, Interim Health Officer

**FRESNO COUNTY
PARAMEDIC TRAINING PROGRAM
SCHOLARSHIP APPLICATION**

Date:

Name of Applicant:

Email Address:

Address:

Street

City

State

Zip Code

Qualifications include certification as an EMT and a minimum of 6 months experience in the Fresno County EMS system.

EMT Certification #:

State License #:

Employer:

Have you confirmed with your employer that they will **not** financially sponsor you to attend the Fresno County Paramedic Training Program?

Have you completed the entrance testing and have been accepted to the program?

Please provide additional information, including financial hardships, that will assist in the determination of awarding scholarship funds.

Promotion, preservation and protection of the community's health

1221 Fulton Street /P. O. Box 11867, Fresno, CA 93775

(559) 600-3200 • FAX (559) 600-7687

The County of Fresno is an Equal Employment Opportunity Employer

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I verify that the information provided is true and correct. If awarded this scholarship, I agree to complete all coursework and necessary physical exam, immunizations, and obtain proper insurance. I understand that I may be required to refund the County a portion of the scholarship funds if I do not complete the course.

Print Name

Date

Signature

Email completed application to ccemsatraining@fresnocountyca.gov