



Lehigh Carbon Community College

FOUNDATION

***The EMT Scholarships for Veterans and
Military Service Members***

SCHOLARSHIP APPLICATION

The EMT Scholarship for Veterans & Military Service Members will be award six scholarships of up to \$1,488 for the EMT non-credit program to veterans and active service members residing in Lehigh County.

Requirements:

1. Minimum of 18 years of age and a resident of Lehigh County
2. Military persons must show proof of military service
3. Must have a goal to secure a job as an EMT or continue in post-secondary education after completing the program

Contact Information: *Required - Please print clearly or type

*Date: _____

*Name: _____

*Street Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Telephone Number: _____ *Email: _____

*EMT Program Anticipated Start Date: _____

*Branch of Armed Forces: _____

*Veteran - Military Status: _____

*What is your goal in participating in the EMT Program?

*Please attached documentation of armed services participation.

SUBMITTAL:

Your application cannot be processed if this box is not checked.

☐ By checking this check box, I certify that the information I have provided is true and correct to the best of my knowledge. I hereby authorize Lehigh Carbon Community College to use the information provided on this application to determine my scholarship eligibility. I also authorize the use of my name and picture as a scholarship recipient in press releases and/or LCCC publications.

Student Signature: _____

INSTRUCTIONS FOR SUBMITTING THIS APPLICATION

1. Return the completed application to:
Center for Workforce Development
Lehigh Carbon Community College
Attn: EMT Vet/Military Scholarship
4525 Education Park Drive
Schnecksville, PA 18078
Or email to workforce@lccc.edu with "EMT Vet/Military Scholarship" in the subject line

Incomplete applications will not be reviewed.

For LCCC Use Only

Course Number and Section: _____

Start Date: _____

Approved

Not Approved

Non-Credit Healthcare Specialist or Dean Approval

Signature: _____

Date: _____

☐ Approved

☐ Not Approved

Executive Director for Workforce Development

Signature: _____

Date: _____