

# AMR NW Diversity Recruitment Scholarship Program 2020 Application

Application Deadline: 11:59PM March 15, 2020

Please note, if you plan to mail or drop off a paper application it MUST be in our office March 15, 2020 by end of business day.

#### **Description:**

American Medical Response (AMR) Northwest is committed to supporting community members that identify as a member of an under-represented group 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 must maintain a 3.0 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 maintain a good record throughout schooling. Applicants with more than two moving violations or at-fault collisions combined are not eligible. If eligible, applicants must adhere to the AMR's Driver Qualification Standards throughout employment with AMR.
- 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.



 After completion of EMT certification, scholarship recipients may have the opportunity to work with AMR's Special Services Division on a part time basis throughout the remainder of their Paramedic schooling if desired.

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

- Racial or ethnic minority/person of color
- Preference for applicants who demonstrate financial need
- Preference for bilingual applicants
- Demonstrated interest in Emergency Medical Services
- Past academic performance

#### **Selection Process:**

Completed applications are due on March 15, 2020 to:

AMR NW

ATTN: Community Education Department One SE 2<sup>nd</sup> Avenue Portland, OR 97214

- 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 2020.

Please contact Ali Treichel by email or phone at <u>alison.treichel@amr.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 <a href="mailto:alison.treichel@amr.net">alison.treichel@amr.net</a> by the application deadline. If by mail, or dropping off in person, completed applications must be received by end of business on the application deadline, addressed as follows:

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

Please contact Ali Treichel by email or phone at  $\underline{alison.treichel@amr.net}$ ; (971) 409 – 5758 with any questions regarding the scholarship.

FIRST NAME	MIDDLEI	NITIAL	LAST NAME	
BIRTH DATE	STREET ADDR	ESS		
CITY		STATE	ZIPCODE	
EMAIL ADDRESS				TELEPHONE
HIGH SCHOOL				DATES
COLLEGE (IF APPLICABLE)				DATES
Are you a current AMF	R employee?	☐ YES	□NO	
Are any of your immed	diate relatives (par	ents, siblings, c	hildren) AMR employees?	☐ YES ☐ NO
Are you a U.S Citizen o	r Legal Resident?	☐ YES	□NO	
How did you hear ab		nip opportuni	ty? (i.e. word of mouth,	school counselor



#### Race/Ethnicity - Please check any/all that apply

	Asian		Middle Eastern					
	American Indian or Alaskan Native		Pacific Islander					
	Black/African American		White					
	Hispanic / Latinx		Other					
Language – Please check any/all languages that you are fluent in								
Laı	nguage – Please check any/all languages that you are flo	uent	in					
Lar		uent	in Russian					
	Chinese		Russian					

#### Essays - Please attach to completed application

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

- 1. Please describe why diversity is important in improving patient care and how you can contribute to this effort. (Maximum 500 words).
- 2. Please describe what specific traits and characteristics make for a great Emergency Medical Services (EMS) professional. (Maximum 500 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 will be asked to provide verification of submitted information.

If the Applicant is a dependent child, the parent/guardian should provide the following information. Adjusted Gross Income and federal income tax amounts should reflect the household's most recent US tax return.

	usted Gross Income (Form 1040):
ot	al US Federal Income Tax Paid (Form 1040):
Sta	te of Residence:
Tot	al number of family members living in the household and primarily supported by the above
nc	ome:
Γot	al number of family members attending college at least half-time during the next school year,
nc	uding the Applicant:
	ase use the space provided to list how you have been involved in your community (school and/or
or	nmunity activities, club involvement, volunteer experience, or work experience).
	nmunity activities, club involvement, volunteer experience, or work experience).



### **Diversity Recruitment Scholarship**

## **Application Checklist**

<ul> <li>High School graduate, or anticipated graduation date of July</li> <li>Completed and signed scholarship application form</li> <li>Completed and attached all required essay questions</li> <li>High School transcript or transcripts from most recent school attached</li> </ul>	
<ul> <li>Two letters of recommendation are attached</li> </ul>	
If selected for this scholarship, I authorize release of information	n for publicity purposes.
Applicant's Signature	Date
egal Guardian's Signature (if applicant is under the age of 18)	Date
I understand that if selected for this scholarship, I will be expect program at Clackamas Community College, Mt. Hood Commun or Oregon Institute of Technology (if not currently a licensed El Program in Clackamas Oregon within three years of the scholar that upon completion of the Paramedic certification, I agree to	ity College, Portland Community College, MT), and subsequently CES's Paramedic ship award date. I further acknowledge
Applicant's Signature	Date
egal Guardian's Signature (if applicant is under the age of 18)	