



Russell Neary Scholarship—Easton Volunteer Emergency Medical Service

One of the challenges facing EMS today is recruitment and retention of EMS practitioners to the field. In an effort to address this challenge, the Easton Volunteer Emergency Medical Service Inc. (EVEMS) is offering the Russell Neary Scholarship to assist Easton Residents interesting in volunteering as an EMT-B in Easton.

In 2012, Superstorm Sandy claimed the life of firefighter/EMT Lt. Russell Neary, brother of Easton’s Fire Marshall, Peter Neary. Russell Neary came from a family that has long been active in Easton Government and civic affairs. He was beloved by his family, the community, his coworkers and everyone his too-short life had touched.

The following scholarships are available for individuals wishing to certify as an EMT-B:

Bridgeport Hospital Emergency Medical Technician (EMT-B) Certification Course:
There are four courses available for you to choose from to meet your individual schedule:

Dates	Hours/Days	Location/Instructor
7/8/14-11/20/14	Tuesday + Thursday Nights 6-10 pm and 2 full Saturdays	Bridgeport Hospital/Goldin
7/14/14-8/14/14 Accelerated	Days/Times to be determined	Bridgeport Hospital/Rondina
9/6/14-12/10/14	Days/Times to be determined	Bridgeport Hospital/Rondinz
12/9/14-5/5/15	Days/Times to be determined	Bridgeport Hospital/Goldin

Amount of Award: Full Scholarship (including books/supplies)
Application Deadline: July 31, 2014

Scholarship Guidelines

Applicant must submit a complete and accurate application by the stated deadline. In addition, applicant must submit a completed EVEMS Volunteer application and pass all background screening.

- Applicant must attach a letter of request, in 1,000 words or less, that describes why he/she is pursuing an EMS certification and how the scholarship would be of benefit to the applicant and the Easton community.
- EMS scholarships are not awarded for course work already taken.
- Scholarship payments are made directly to the educational institution. The institution must submit an invoice to EVEMS for payment.
- Recipient must begin the educational program in the term for which the award is granted.
- Recipient will fully complete the EMT-B Certification Program for which scholarship is awarded. Recipient who withdraws or discontinues the educational program prior to completion for reasons within his or her control (i.e., dropping the course, academic dismissal for absences, etc.) must immediately refund scholarship funds. No refund will be required for recipient who is unable to continue in the EMS program for reasons beyond their control. Proof of reasons for program termination will be required.
- Recipient must maintain passing grades and remain in good standing throughout the course of study. Recipient may be asked to submit grades periodically throughout the course.
- Recipient of EMT-B scholarships must seek state certification by testing upon completion of their EMT-B educational program.
- **Recipient must agree to join EVEMS and serve as a volunteer working at least 12 hours per month for at least a one-year period after completing certification. If the recipient ceases to volunteer prior to the end of the one-year period, they will be required to refund the scholarship funds.**
- Recipient must sign a contract agreeing to these scholarship guidelines.



Scholarship Selection Process

1. Only those applications which are complete and received by the deadline will be considered.
 2. EVEMS will notify all applicants by email of the status of their application.
 3. The following criteria will be used in the scholarship selection process:
- Commitment to volunteering for at least one year at EVEMS after graduation/certification
 - Dedication to the community;
 - Ability to serve as a positive ambassador to the EMS profession



RUSSELL NEARY
EASTON VOLUNTEER EMERGENCY MEDICAL SERVICES
SCHOLARSHIP APPLICATION

APPLICANT INFORMATION		
Name:		
Date of birth:	Home Phone:	Mobile Phone:
Current address:		Email:
City:	State:	ZIP Code:
Previous address:		
City:	State:	ZIP Code:
EMPLOYMENT INFORMATION (LEAVE BLANK IF UNEMPLOYED)		
Current employer		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		
EDUCATION INFORMATION		
High School		
Are You Currently a Full Time High School Student?		When will you graduate?
High School Name:		
City:	State:	ZIP Code:
College		
Are You Currently A Full Time or Part Time College Student?		When will you graduate?
College/University Name:		
City:	State:	ZIP Code:
APPLICATION INFORMATION CONTINUED		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Signature of applicant		Date

Attachments:

1. Complete and sign the attached EVEMS Volunteer Application (if you do not have a current medical certificate (doctor's note), you must submit a medical certificate within 3 months of Scholarship approval).
2. Attach a letter of request, in 1,000 words or less, that describes why you are pursuing an EMS certification and how the scholarship would be of benefit to you and the Easton Community.

Deadline for Scholarship Application: July 31, 2014



RUSSELL NEARY EVEMS SCHOLARSHIP REPAYMENT AGREEMENT

In consideration of the payment to be made to Bridgeport Hospital on my behalf by Easton Volunteer Emergency Medical Service (EVEMS) in the amount of \$_____

I understand and agree that:

1. I will immediately repay any EVEMS Scholarship if I withdraw or discontinue the EMT-B certification program prior to completion for reasons within my control (i.e. dropping out of the course, dismissal for excessive absences, etc.).
2. I understand that no refund will be required if I am unable to continue in the EMT-B certification program for reasons beyond my control (documented illness, relocation, etc.) EVEMS will require proof for program termination.
3. I will immediately repay any EVEMS Scholarship if I fail the final EMT-B certification test or I fail to qualify for state EMT-B certification.
4. I will immediately repay any EVEMS Scholarship if I fail to join EVEMS after completing my certification and serve as a volunteer working at least ____ 12 hours per month for a one-year period after certification.

Agreed: _____ Date: _____