NEW ORLEANS EMS
FOUNDATION

Application for Scholarship/Tuition Reimbursement

Scholarship Number: ____________ (office use only)

Submission Date: ____

Amount Requested: ____

Applicant Name: ____

Applicant Job Title:____

Mailing Address: ____

Phone Number: ____

E-mail Address: ____

Date of Hire with NOEMS: ____________________Full-Time / Part-Time ______________

Name and location of University/College you attend:_________________________________

What is your program of study:____

For which semester/term are you requesting reimbursement? _________________________

What is your cumulative (all classes) grade point average (GPA) for <u>the semester</u> you are requesting reimbursement for? (Attach transcript)

GPA:___________________________

What is the total tuition costs incurred you are requesting imbursement or reimbursement for? Receipts must be attached:____

Have you received any grants or scholarships to cover any expenses for this semester? If so, when and how much?

Are you or have you requested tuition reimbursement in any form from another source other than the New Orleans EMS Foundation? If so, when and how much? Please include student loans.

2929 EARHART BLVD. NEW ORLEANS, LA 70119 • NOEMSF@NOEMSF.ORG • NOEMSF.ORG

Certifications/Acknowledgements

I certify that I am an employee of New Orleans Emergency Medical Services and the information entered on this form is true and accurate. I certify that I am not receiving reimbursement funds from another source for the semester/term requested in this application. I am requesting reimbursement for my personal funds expended for college tuition from the New Orleans Emergency Medical Services Foundation. I acknowledge that it is my responsibility to submit complete, accurate, and timely documentation as requested by the Board of the New Orleans Emergency Medical Services Foundation.

_______________________________________ ________________

Applicant Signature Date

Employee Acknowledgement

I do hereby acknowledge and agree to maintain employment with the City of New Orleans for a period of no less than 12 months following the reimbursement of any tuition, books, or feeds by the New Orleans Emergency Medical Services Foundation. If I resign, retire or involuntarily separate from the employment of New Orleans Emergency Medical Services within 12 months of reimbursement, I must reimburse the New Orleans Emergency Medical Services Foundation the full amount of reimbursement within 90 days of my separation date. I understand that any unpaid balance after 90 days will be turned over to a collection agency.

I certify I have maintained satisfactory performance and I am not under disciplinary review under any circumstances. I have reviewed this application for completeness and certify everything is true to my knowledge.

Employee Comments:____
____

_______________________________________ ________________

Employee's Signature Date

NEW ORLEANS EMS
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Supervisor Approval

I certify the applicant/employee has maintained satisfactory performance and is not under disciplinary review under any circumstances. I have reviewed this application for completeness.

Supervisor Comments:____
____

____ ____________________
Supervisor Signature Date

Deputy Chief Approval

I certify the applicant/employee has maintained satisfactory performance and is not under disciplinary review under any circumstances. I have reviewed this application for completeness.

Deputy Chief Comments:____
____

____ ____________________
Deputy Chief's Signature Date

Please complete this form in its entirety and submit it to noemsf@noemsf.org. If you have any questions, please contact the New Orleans Emergency Medical Services Foundation via email at noemsf@noemsf.org.