

Respond To:

523 Dell Street
Bellefonte, PA 16823

713 Bridge St., Suite 18
Selinsgrove, PA 17870



Phone: (814) 355-1474
Fax: (814) 355-5149
Web: www.smemsc.org

Title: Rural Education Fund

Date: 08/26/2021

Topic: Tuition Assistance for Initial EMS Education Programs

History: Act 93 of 2020 directs the Department of Health to allocate 30% of the EMSOF allocation to provide training to underserved rural areas of the Commonwealth. The primary objectives of this program shall be to improve access to current education activities, create more education opportunities, and provide those opportunities at a lower cost to students and providers. Unless otherwise noted, funding from the Rural Education Fund can only be utilized for approved expenditures from the list in instances where the educational activity occurs in a county or school district designated as rural by the Center for Rural Pennsylvania. Additionally, Services being provided to an individual who resides in a county or school district designated as rural by the Center for Rural Pennsylvania can be covered with funding from the Rural Education Fund irrespective of the location of the activity.

This program will be known as the Tuition Assistance Program

To assist with the cost of initial certification, the council will offer the following tuition assistance to eligible students who are enrolled in a certification program. All certification programs will require preapproval from the Regional Council to be eligible for tuition assistance.

Tuition assistance will be limited to 85% of the total tuition, to a maximum amount listed below.

Maximum Tuition Assistance per Certification Class:

EMR: \$450.00

EMT: \$700.00

AEMT: \$950.00

Paramedic: \$1200.00

In addition to the above amount, the tuition assistance program will cover the cost of the primary textbook or ebook.

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Seven Mountains EMS Council will make payment of tuition assistance directly to the Education Institution. Other funding sources (except sponsoring EMS agency & self) shall be disclosed on the application and will be deducted from the tuition costs before calculating the tuition reimbursement program's share.

Any student that requests Tuition Assistance will be required to fulfill the following obligations:

- Be 16 years of age.
 - Complete or be removed from the certification class for Academic Dismissal - Grades
 - Attempt the cognitive certification exam – if eligible
- and
- Be a member/employee in good standing with an EMS Agency in the counties included in Seven Mountains EMS Council.
- or-
- Obtain a signed letter of intent to become an employee/member of an EMS Agency in the counties included in the Seven Mountains EMS Council.

If the student does not meet the obligation, the student is responsible for the repayment of 100% of the tuition assistance to Seven Mountains EMS Council.

This program is depended on the availability of funding and can be changed or discontinued at any time.

At this time, Seven Mountains EMS Council will not provide tuition reimbursement for certification classes that are in progress or have already been completed.

At this time, Seven Mountains EMS Council will not be funding certification programs that have an insufficient number of students to offer a course.

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Tuition Assistance Form

Student's Name: _____ Date of Birth: _____

Certification Level and Class Number: _____

Other Funding Sources being used:	SOURCE	AMOUNT
	1) _____	_____
	2) _____	_____

I _____, understand if I fail to meet the obligations listed in the Tuition Assistance Program as offered by Seven Mountains EMS Council, I am responsible to reimburse Seven Mountains EMS Council the amount of tuition assistance that was funded on my behalf to the Education Institute. My signature below attests that I have read the program and understand the obligation that I am required to meet.

Signature _____ Date: _____
Student Signature (Parent or Guardian if Under 18)

EMS Agency Agency: _____

Name: _____ Title: _____ Date: _____

I _____, attest that the above-listed student is a member in good standing with our agency or has signed a letter of intent to join our agency on completion of the program.

Signature: _____ Date: _____