



APPLICATION FOR COUNTY TUITION ASSISTANCE

Applicants Name _____

Address _____

Home Phone _____ - _____ Work Phone _____ - _____

Social Security # _____ - _____ - _____ Drivers License # _____

Current Level of Certification _____ Certification # _____

***NOTE: A COPY OF CURRENT CERTIFICATION AND A COPY OF HIGH SCHOOL DIPLOMA OR GED MUST ACCOMPANY APPLICATION.**

I _____ in affiliation with (squad) _____ agree that upon receiving tuition assistance from Spartanburg County, I will continue as an active member with a County Licensed Emergency Medical Squad for a period of not less than one year. This year will begin on the date listed as certification date. It is my understanding that in the event that I do not meet these terms, I will be responsible for re-payment to Spartanburg County for the pro-rated amount of tuition. My signature below also indicates that I have received a diploma from an accredited high school or have a General Education Diploma (GED). By signing, I certify all information I have provided on this application to be true and accurate to the best of my knowledge. I also understand I am solely responsible for any cost created by false information provided on this application.

APPLICANT DATE WITNESS DATE

I hereby certify that the above named Applicant has met all County requirements for tuition assistance by the County.

SQUAD CAPTAIN DATE

Please circle the course for which you want to apply from the list below.

<u>Course</u>	<u>Fee</u>
First Responder	\$50
F/R Refresher	\$50
EMT-B	\$75
EMT-B Refresher	\$50
EMT-I	\$50
EMT-I Refresher	\$25
EMT-A	\$200
EMT-A Refresher	\$100

Payment is to be by check only, made payable to Spartanburg County. Remit application and fee to:

Spartanburg ESA
100 Bob Holt Drive
Duncan, South Carolina 29334