



Description

EMS SUPPLEMENT FLEX GRANT FY25 (26) EDUCATION SCHOLARSHIP APPLICATION (Round 2)

The Oregon Office of Rural Health is pleased to announce the availability of **additional** funding assistance to rural EMS agencies and individuals through a grant from the Federal Office of Rural Health Policy (i.e., the Medicare Rural Hospital Flexibility EMS Supplement Grant). This funding offers scholarships to those who are or plan to serve in an EMS provider role (i.e., EMR, EMT, AEMT, EMI-I or paramedic) in rural Oregon.

Please note the addition of EMR as an eligible certification level, and also keep in mind the Round 2 funds are limited and will be expended quickly.

Scholarship applications are considered when submitted on a rolling basis, and the award cap is \$6,000. *These funds cover only the EMS course tuition.*

Please note these important points:

- An agency may apply on behalf of an individual student, **or** a student may apply directly; however, the student must be affiliated with an agency at the time of application submission
- The scholarship cannot be used to reimburse completed courses that occurred prior to the application date
- The scholarship is not intended to fund prerequisite courses
- The affiliated EMS agency or the student must be located in a designated rural area, based on the following standardized [Rural Health Grants Eligibility Analyzer](https://data.hrsa.gov/topics/rural-health/rural-health-eligibility) tool: <https://data.hrsa.gov/topics/rural-health/rural-health-eligibility>
- There is also limited support for student barrier removal, based on need. There is a link within the application to request this support. You can also request this assistance by contacting [Joan Field, fieldj@ohsu.edu](mailto:fieldj@ohsu.edu)
- At the end of this application, there is a final attestation page and a submission page. If these two steps are not taken, your application is not fully submitted. Please use care to complete these final two steps.

Please read each question carefully. If your responses are incomplete or unclear, this could delay a decision on your application or cause it to be unintentionally denied.

Thank you!

1st attest

To apply for this funding assistance, **please confirm the following** (all four must be true to be eligible):

(IF YOU DO NOT MEET ALL FOUR OF THE FOLLOWING CRITERIA, PLEASE DO NOT PROCEED WITH THE APPLICATION)

- You, or the affiliated EMS agency, are located in a designated rural area, based on the following standardized tool:
<https://data.hrsa.gov/topics/rural-health/rural-health-eligibility>.
- You, or the affiliated EMS agency, have a true and stated need for this funding assistance.
- You understand that to become an EMS provider, you will need to pass a criminal background check. At this time, you believe you will be able to pass such a background check.
- If you are applying as an individual, you confirm having an agency affiliation with which you plan to serve.

Applicant part 1

Is the applicant an EMS agency or an individual?

- Agency or organization
- Individual (If you are applying as an individual, we request that you list the name of the EMS agency you plan to be affiliated and serving with below.)

Are you, or the affiliated EMS agency, associated with one of the following EMS agencies:

Note: This is not a requirement for applying; however, the agencies listed receive priority consideration for the scholarship.

- Adventist Tillamook EMS
- Lake Health District EMS
- Harney District Hospital EMS
- Jefferson County Fire & EMS
- Pioneer Ambulance, Baker County
- Pendleton Fire & EMS
- Wheeler County, Mitchell Ambulance
- Wheeler County, Fossil Ambulance
- Wheeler County, Spray Ambulance
- None of these
- I have selected more than one of the above, and here is why:

Is your agency located in one of the following rural frontier counties:

Note: This is not a requirement.

- Baker
- Gilliam
- Grant
- Harney
- Lake
- Malheur
- Morrow
- Sherman
- Wallowa
- Wheeler

Will the student be utilizing their EMS certification to benefit more than one EMS agency?

For example, the student will be serving with EMS and Search & Rescue, or responding to more than one ambulance service, or utilizing the education and certification for more than one emergency organization.

- No

Yes (if yes, please briefly explain below.)

Applicant part 2

Contact information for the **Student**:

First Name

Last Name

Title, or current EMS certification level

Student's Email Address

Student's Mailing Address

City

State

ZIP Code

County in Oregon where Student resides

Full contact information for the student's **Agency Affiliation:**

(Please enter the contact person for the Agency, so affiliation can be verified. Enter "N/A" in your responses if you are not affiliated with an agency.)

Name of Sponsoring EMS agency

Agency contact - First Name

Agency contact - Last Name

Agency contact - Title

Agency contact - Email address

Agency's Mailing address

City

State

ZIP code

County in Oregon where Agency is located

Agency tax ID number (if known)

Please list any additional contact information for student or agency that was not captured above:

Agency Qs

What is the total number of **paid** EMS responders in your organization?

EMRs

EMTs

AEMTs

EMT-Intermediates

Paramedics

Total:

What is the total number of **volunteer** EMS responders in your organization?

EMRs

EMTs

AEMTs

EMT-Intermediates

Paramedics

Total:

Agency affiliation: What type of organization is your EMS agency? (select one)

- For profit
- Nonprofit
- Public
- Other (please list below.)

CP or MIH program

What are your agency's plans related to community paramedicine (CP), or mobile integrated health (MIH) programs? Please select the most appropriate response:

- We currently have an active CP-MIH program.
- We have plans to implement a CP-MIH program in the near future.

- Our area needs a CP-MIH program, but there are no plans in our agency to implement it at this time.
- Our area needs a CP-MIH program, and we need assistance in order to proceed.
- Our area does not need a CP-MIH program at this time.
- Not applicable

Agency affiliation: How many calls does your EMS agency receive per year?

- EMS emergency calls
- EMS emergency transports (if it is a transporting agency):
- If it is NOT a transporting agency: How many miles away is the nearest transporting agency?
- CP-MIH visits (if applicable)

finances

Agency affiliation: Please list the agency's revenue and expenses below:

What is the EMS agency's total annual revenue?

What are the EMS agency's total annual expenses?

what cert applying for

What certification level are you seeking; what level would the scholarship funding be for?

- EMR
- EMT
- AEMT
- EMT-Intermediate
- Paramedic

What is the cost of the EMS course the scholarship is for?
(Note: there is an award cap of \$6,000.)

Funds may be used only for the cost of the EMS course and will be verified if awarded.

Aside from this requested scholarship, what, if any, is the total dollar amount being contributed by the following?

Affiliated Agency?

Student?

Other source?

Please complete the information below regarding the school or organization at which you plan to or are taking EMS-related classes.

The organization will be contacted to verify the information.

School name:

School website:

Name of the person to contact for this course or for this student:

Email address for the school contact person:

Phone number of the school contact person:

Have you been accepted into the education program yet?

Please Note:

- For this **Round 2 scholarship**, the EMS education course **should begin no later than August 31, 2026.**
- For courses that will begin after August 31, 2026, a different application form will be provided after Sept. 1, 2026.
- Funding is not intended for courses that have already been completed.

- Yes, I've been accepted and it will begin by August 31, 2026
- No, I have not been accepted yet
- Other (please describe)

Where will the educational classes take place?

- In-person
- Remote
- Hybrid of remote and in-person

Timing of the class. If you are not already in class, please indicate **when the EMS class will begin**:

For courses that will begin after August 31, 2026, a different application form will be provided after Sept. 1, 2026.

- My class is currently in progress. When did it begin?

- My class will begin between June 1 and August 31, 2026

- My class will start later than Aug 31, 2026. Please indicate when:

When do you anticipate the EMS class will conclude or be completed?

description

Please briefly describe the EMS class and explain why the scholarship funding assistance is necessary.

what impact

Please describe your commitment to becoming an EMS provider, and include what impact your new certification and skill level will have on you, your agency, and your community.

Student Barrier Removal

Through an additional program, ORH has limited funds available to assist students who are facing specific barriers to completing their EMS education.

If you are facing financial hardships in the following areas and would like to learn more, or apply for funding assistance, please indicate by selecting from the categories below:

(This request is made through a separate application.)

- Mileage for my in-person classes or testing
- Lodging to attend in-person classes or testing
- Childcare cost during classes
- Assistance securing a computer for online classes
- Other barriers could be considered. Please briefly describe and include the estimated cost:

- Yes, I am interested in requesting assistance.

A link to the Student Barrier Removal assistance form is located on the final page of this application.

If you have any questions, contact Joan Field at fieldj@ohsu.edu.

file upload

If you have supporting documents to upload, you may do so here (this is not required).

Supporting documents can include a letter of recommendation or letter of support from your affiliated agency leadership, etc.

completion attestation

By clicking "Yes" below, you attest that the information you have provided is **true and accurate**.

You also agree to the following:

- To fully apply yourself to the educational opportunity this funding will provide.
- To utilize the skills and knowledge gained for the betterment of your affiliate agency and your community.
- To participate in follow-up outreach by ORH, to assess the success of this program.
- I agree to communicate with ORH immediately if I am unable to complete the course.

Yes

No

submission page

Your application responses are shown after you click "Next," (if you would like to save them for your records). This also submits your application.

Funding requests are reviewed as they are submitted, on a rolling basis. You can expect a decision within 10-14 business days.

For the Student Barrier Removal program: [Click here](#) for the link to the Student Barrier Removal assistance program.

(It will open in a new window if funds are available. If it doesn't, check the [ORH EMS website](#) after September 1st for its new round of funding.)

Please feel free to reach out to Joan Field at fieldj@ohsu.edu with any questions.

Thank you!