## Description

# EMS SUPPLEMENT FLEX GRANT FY26 EDUCATION SCHOLARSHIP APPLICATION

*Sept. 2026*

The Oregon Office of Rural Health is pleased to announce funding assistance for 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 actively serve in an EMS provider role (i.e., EMR, EMT, AEMT, EMI-I or paramedic) in rural Oregon.

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 tool: https://data.hrsa.gov/topics/rural-health/rural-health-eligibility;

- There is also limited support for student barrier removal (SBR), based on need. Details about requesting this support is included at the end of this application form. You can also request information by contacting Joan Field, fieldj@ohsu.edu
- Also at the end of this application is a final attestation page and a submission page. If you do not complete these two steps, your application is not fully submitted. Please be sure 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 that you have an agency affiliation where you plan to serve, and the agency will provide a letter of support.

## Applicant part 1

### Is the applicant an EMS agency or an individual?

○ The applicant is an agency or EMS organization applying on behalf of a student.

○ 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 serve with EMS as well as Search & Rescue, respond for more than one ambulance service, or use the education and certification with 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

Student's Phone Number

## 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 Phone Number | |

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

*Note: If any information is unclear during the review, we may need to quickly reach you for clarification.*

## 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 new 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.)

*Please **be as exact as possible** and do not round up. 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?

Funds contributed by the Affiliated Agency?

Funds contributed by the Student?

Funds contributed from another source?

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

*This is very important - 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 course or program yet?

*Please note: Funding is not intended for courses that have already been completed.*

- ○ Yes, I am currently in the course
- ○ Yes, I've been accepted and it will begin soon
- ○ 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. Please indicate **when the EMS class began or will begin**:

- ☐ My class is currently in progress. Date it began: _____
- ☐ My class will begin between Sept 1, 2026 and November 30, 2026
- ☐ My class will start after November 30, 2026. Please indicate when: _____

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

_____

**description**

Please briefly describe the EMS class and why scholarship funding assistance is necessary in your case.

**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**

Student Barrier Removal (SBR)
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 can be provided by request, and is also located on the ORH EMS website, under "Scholarships for EMS Training" section.**
If you have any questions, contact Joan Field at fieldj@ohsu.edu.

## file upload

Each applicant must provide a letter of support from the affiliated or sponsoring agency.
Upload it here or email it directly to Joan Field, fieldj@ohsu.edu.
NOTE: If emailed, please indicate "Letter of Support" in the subject line.

If you have any other supporting documents to upload, you may do so here.

## 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.

Visit the **ORH EMS website** to learn more about the Student Barrier Removal (SBR) assistance program; once the SBR program begins accepting applications, the link will be posted there.

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

Thank you!