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Dr. Joel E Hornung, Chair
Joseph House, Executive Director

Laura Kelly, Governor

**EDUCATION INCENTIVE GRANT PROGRAM
REQUEST FOR FUNDING**

Military and Low Income Eligible Only

Applicant Name: _____ SSN: _____

Mailing Address: _____
(Street / PO)

(City, State, Zip)

Military Request

| BEMS Course # | Course Level (EMR, EMT, AEMT, Paramedic) | Application is for: (circle one) | Name of Military Personnel, if applicant is family member. Leave blank if "self". | Amount of Grant Funds Requested (75% or 100%) |
|---------------|--|-----------------------------------|---|---|
| IC20__-_____ | | Self / Spouse / Dependent | | \$_____ |

Attach the following if applicable: DD-214 if leaving military; orders if transferring to Kansas; contingent offer of employment once you become certified; Identification and Privilege Card for dependents.

Low Income Request

| BEMS Course # | Course Level (EMR, EMT, AEMT, Paramedic) | Amount of Grant Funds Requested (80%) |
|---------------|--|---------------------------------------|
| IC20__-_____ | | \$_____ |

Attach the following if applicable: Documentation of low income eligibility; documentation of cost to test skills from testing site.

In the event I accept and receive grant funding, but do not make application and/or test, I will return grant funding to the Kansas Board of Emergency Medical Services within 14 days. For either Military or Low Income I understand and agree to return any funds not used for the purpose applied for in this grant. Grant monies awarded will be utilized as specified in the grant criteria.

(Signature of Student)

(Date)

(KBEMS)

(Date)