

Miami-Dade Fire Rescue EMT Academy



Attendance Scholarship Information Packet

Program Overview

MDFR's EMT Academy will award up to 40 Attendance Scholarships with the goal of providing recent high school graduates the opportunity to obtain an Emergency Medical Technician (EMT) certificate through Miami-Dade College (MDC). This certification provides eligible candidates with the opportunity to become State of Florida licensed EMT's through a combination of classroom lectures and practical application of patient assessment, with each student earning up to 10 college credits. Academy graduates will also have the opportunity to receive job preference in the next MDFR recruitment process.

The EMT Academy will be held at: Miami-Dade Fire Rescue Training Facility
9300 NW 41st Street, Doral, FL 33178

Selection Process

The attendance Scholarship is awarded through a competitive review process. The offer of this scholarship is valid only during the academic year for which the offer is made.

**** Note:** Not all applicants will receive an award.

Miami-Dade Fire Rescue EMT Academy

Application Requirements

Eligible Candidates Must:

- Be a Miami-Dade County resident
- Be at least 18 years of age at the time the EMT program begins
- Currently a senior in High School
- Scheduled to Graduate in June with High School Diploma
- Have a minimum 2.5 GPA
- Meet entrance requirements for Miami-Dade College – Medical Campus
<https://www.mdc.edu/medical/admissions.aspx>

Application Instructions

It is the responsibility of the student applicant to submit a complete packet. Complete your application using a typewriter or **PRINT** in **BLACK** ink.

A complete application packet consists of the following:

1. **Personal Information:** use the form provided; answering each question.
2. **Personal Statement Essay:** This is your opportunity to present yourself to the Scholarship Review Committee in the best possible light. The personal statement must answer the 3 questions with a minimum of 500 words and a maximum of 1,500 words.
 - A. Why are you pursuing the Attendance Scholarship?
 - B. How would you benefit from the scholarship?
 - C. What are your educational and employment goals?
3. **Three Scholarship Recommendations:** Recommendations must be submitted on the forms provided. Submit (2) academic and (1) personal (not relative).
4. **A Mid-Year Transcript:** signed and/or stamped by the school office.

Bring the application in a sealed envelope – Place it in a drop box marked

EMT Academy Attendance Scholarship

Drop Box located at:
Miami-Dade Fire Rescue Headquarters
9300 NW 41st Street
Doral, FL 33178

Please hand-deliver your application to the front of the building.
Place sealed envelope in labeled and locked drop box.
Do not leave your application with anyone at reception.



MIAMI DADE FIRE RESCUE

EMT ACADEMY

Attendance Scholarship

PERSONAL INFORMATION

TYPE OR PRINT IN BLACK IN ONLY

D.O.B. _____		
LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS		APARTMENT/UNIT#
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	
EMAIL ADDRESS		
HIGH SCHOOL		
G.P.A. _____	CPR Expiration Date (if applicable) _____	Male Female

I declare that all the information submitted in my application is complete and true to the best of my knowledge. I understand that false or misleading information in my application or interview will result in the loss of my scholarship award.

_____	_____	_____
Print Name	Signature of Applicant	Date



MIAMI-DADE FIRE RESCUE
EMT ACADEMY
 Attendance Scholarship

SCHOLARSHIP RECOMMENDATION FORM

APPLICANT'S NAME (Last, First, M.I.) _____

1. What is your relationship to the applicant? *(Please check)*

- ☐ School/Lead Teacher
☐ Employer
☐ Friend
☐ Other

Explain _____

2. Please give your personal appraisal of the applicant by checking the appropriate box below:

	Excellent	Good	Average	Below Average	Unable to Evaluate
Communication Skills					
Team Player					
Self-Reliance & Initiative					
Organization & Follow - Through					
Leadership					
Motivation					
Responsibility & Conscientiousness					

3. Please comment on any exceptional scholastic abilities and/or other accomplishments exhibited by the applicant.

4. Are you aware of any obstacles or financial hardships the student has had to overcome?

Name (Please Print): _____

Signature: _____ Title: _____ Date: _____


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EMT ACADEMY
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