



Motorola Solutions Scholarship Submission:

Denver Health EMT and Paramedic Programs – Motorola Solutions Diversity Scholarship

The Denver Health Paramedic Division provides 911 emergency medical services to the residents of Denver, Glendale, Sheridan, Englewood, and the Skyline Fire Protection District. Through our EMT and Paramedic training programs, Denver Health is building the next wave of healthcare workers.

As an institution, Denver Health sees clear benefit in recruiting non-traditional students so that our workforce reflects the richness of our community. The Denver Health Paramedics Diversity Scholarships are designed to benefit motivated, non-traditional students who recognize the power of education to create a better life for themselves and their families. The program helps hardworking students invest in themselves through continued education.

Intended Audience:

Denver Health Scholarships are intended to support the following student populations seeking to enter or advance in the health care field:

- Individuals of Black/African-American, Latin/Hispanic, Native North American or Pacific Islander heritage offering underrepresented cultural perspectives
- Other underrepresented minorities in the field of Emergency Medical Services

Qualifications:

To be eligible, an applicant must be:

- A citizen or permanent resident of the United States, and a legal resident of Colorado.
- Actively pursuing enrollment in the Denver Health EMT or Paramedic Program
- Able to demonstrate the need for financial assistance to reach their educational goals

Application requirements:

The scholarship application consists of an application form, essay, and a panel interview for Paramedic School candidates.

- Application form can be found at: www.denverhealthparamedics.org
- Essay - Applicants must submit an essay addressing their interest in Emergency Medical Services (or health care in general) and how the scholarship will impact their career. The essay must not exceed 500 words.

Review process:

The EMS Education team will evaluate applications as follows:

- EMT school submissions will be reviewed at the beginning of the school semester for each correlating spring, summer and fall course. Applicants will be awarded scholarships pending this review based on the application with no interview required.
- Paramedic School submissions will be reviewed at the beginning of the school semester for each of the accelerated and yearlong programs. Applicants will be awarded scholarships pending this review with and an interview to be conducted by the education team.

Notification:

Award announcements and declinations will be shared with applicants by the first week of the respective, correlating program.

Obligations:

If awarded, the scholarship must be utilized for the semester or school year immediately following the award announcement.

More information:

For more information about the EMT/Paramedic training programs and/or scholarships at Denver Health, please contact Heather Edwards at Heather.Edwards@dhha.org.

Supported By:

The Denver Health Foundation, Denver Health and Hospital Authority, and the Denver Health Paramedic Division.



Motorola Solutions Diversity Scholarship Application Submission

The Motorola Solutions Diversity Scholarship is designed to benefit motivated non-traditional students who recognized the power of education to create a better life for themselves and their family and have a demonstrated need for financial assistance to reach their educational goals.

Submit completed application to the Scholarship Coordinator: EMSEducation@dhha.org

Full Name		Phone
Home Address		City, State, Zip Code
Employment Status	Hire Date	Supervisor
How do you identify? <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> More than one race: _____		

Program/Course Information

Name of Program (EMT, Paramedic, Other)		Cohort (Semester, Accelerated, DU, MSU, 6-month, 9-month, Yearlong, Other)	
How will funds be utilized? <input type="checkbox"/> EMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Other (IV, ECG, etc.)	Course Start Date	Course End Date	
Expected Graduation Date	Remittance Address (Please note that funds must be sent to the accredited institution.) Denver Health Paramedics EMS Education, 190 W 6th Ave, Denver, CO 80204		
Course Cost	Registration Fees	Book Fees	

Required Documentation

- Essay – An essay must be completed addressing the applicant's role in Emergency Medical Services (EMS), how the scholarship will impact their career as an underrepresented population in EMS, and demonstrate the need for financial assistance. The essay should not exceed 500 words.
- Your EMT or Paramedic program acceptance letter (if applicable)
- Documentation on any other funding that you are receiving for this course.

Scholarship Authorization Policy

_____ If I leave the Denver Health EMT program after one week of enrollment or the Paramedic Program after 12 weeks of enrollment for which this scholarship is awarded, I will be responsible for the balance of the scholarship paid.

_____ I acknowledge that I will be billed for any remaining balances if I am not successful in completing my program.

_____ I acknowledge that I will be billed for any remaining balances the scholarship does not cover.

_____ I understand that the scholarship award will be paid directly to the sponsoring organization.

_____ I understand that I may be held liable if the funds are not used for the course this scholarship is awarded for.

I understand and accept the terms of the scholarship authorization policy. Yes No _____

Are you now, or will you be, receiving any tuition assistance including loans, grants, or other funding sources? Yes No _____

If yes, from which sources and how much have you, or will you, receive? (Denver Health Employees: Denver Health tuition reimbursement is not allowed on the amount submitted for in this scholarship.) \$_____ Sources: _____

Scholarship Committee:		Course Approval? <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Committee Requested Scholarship Amount \$	Date	Committee Member Signature	
Reason Course Not Approved			
Confirmation scholarship recipient is not receiving tuition assistance through Denver Health Tuition Reimbursement EMS Education & Staff Development _____			