



Firefighter's ABCs

EMT Grant Program Application

Candidate Information:

First: _____

Date: ____/____/____

Last: _____

MI: ____

Email: _____

DOB: ____/____/____

Phone: _____ - _____ - _____

Diversity:

Gender:

Female

Male

Other

Decline

Are you a High School Graduate or have your GED?

Yes

No

Will you be 18 yrs. of age at the start of the EMT class?

Yes

No

Are you enrolled in any type of college-level fire program? If yes, please provide details.

Yes

No

Sponsor Organization Contact:

N/A

First: _____

Last: _____ **MI:** _____

Organization: _____

Title: _____

Email: _____

Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

City: _____

State / Province: _____

Zip / Postal: _____



EMT School Information:

Name of the EMT school you plan to attend:

EMT school's website address:

EMT School Contact Information:

First: _____ Last: _____

Title: _____

Work Phone Number: _____ - _____ - _____

Cell Phone Number: _____ - _____ - _____

Email Address: _____

EMT Course Start Date: ____/____/____

Cost of the EMT Course: _____



Insight Questions:

Upon completion of the EMT course will you try to donate your grant monies in support of the next candidate:

If hired by a fire agency would you agree to donate back your grant monies in support of the next candidate within six months of being hired:

If hired by an EMS agency would you agree to donate back your grant monies in support of the next candidate within twelve months of being hired:

If hired by a fire agency will you join one of the following:

- International Association of Black Professional Fire Fighters
- Women in Fire
- National Association of Hispanic Firefighters
- Asian Firefighters Association
- Other diversity Fire or EMS-based organization

If selected would you agree to the following:

- Have your photo placed on the FFABCs site
- Have your bio placed on the FFABCs site
- Complete the FFABCs Online Intern monthly task
- Mentor five females to join the FFABCs Online Internship Program
- Mentor five males to join the FFABCs Online Internship Program
- Submit a paper outlining how you would support Fire/EMS diversity
- Submit your social media handle(s)
- Contact your local fire department and ask them to mentor you



Local Fire Department Contact Information:

First: _____

Last: _____

MI: _____

Title: _____

Email: _____

Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Fire Department Name: _____

City: _____

State / Province: _____

Zip / Postal: _____

Did you request of them to provide you with a mentor:

Yes

No

Did they assign you a mentor:

Yes

No



Submit all pages of your package via email to your local sponsoring agency and/or to FFABCs at info@firefightersabcs.com

Compose and support your reason for being selected to receive this grant.

Add additional sheets or documentation if needed.

Only students who are seeking a career in the fire service shall apply.

Handprinted applications shall not be accepted.



For Official Use Only:

Application approved Application not approved

Name of organization providing the grant:

Approved/Not Approved By:

First: _____

Last: _____

Title: _____

Organization: _____

Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Email: _____

Date: ____ / ____ / ____

Copy sent to FFABCs: ____ / ____ / ____

Copy sent to applicant: ____ / ____ / ____

Misc. Notes:

