



# Firefighter's ABCs

## EMT Grant Program Application

### Candidate Information:

First Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Diversity:

#### Gender:

Female       Male       Other       Decline

#### Are you a High School Graduate or have your GED?

Yes       No      Name of High School: \_\_\_\_\_

#### 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?

Yes       No

**Do you have a sponsor organization?**

Yes

No

**Sponsor Organization Contact:**

N/A

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_

State / Province: \_\_\_\_\_

Zip / Postal Code: \_\_\_\_\_



**EMT School Information:**

Name of the EMT school you plan to attend:

\_\_\_\_\_

EMT school's address:

\_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_

ZIP / Postal Code: \_\_\_\_\_

EMT program direct website link:

\_\_\_\_\_

**EMT School Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

EMT Course Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Cost of the EMT Course: \_\_\_\_\_

If the cost is over \$2,000.00, who will pay the balance?

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The additional cost was waived by the school:

Yes

N/A



## **Insight Questions:**

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

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

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

**If hired by a fire agency will you join or support 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 National Recruit Database
- Mentor five males to join the National Recruit Database
- Submit a paper outlining how you would support Fire/EMS diversity
- Submit your social media handle(s)



## Local Fire Department Contact Information:

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fire Department Name: \_\_\_\_\_

Fire Department Address: \_\_\_\_\_

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](mailto: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.**

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**For Official Use Only:**

Application approved       Application not approved

Name of organization providing the grant:

\_\_\_\_\_

**Approved/Not Approved By:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Copy sent to FFABCs: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Copy sent to applicant: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Misc. Notes:**

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