



Firefighter's ABCs

EMT Loan 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 17yrs. 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 pay back to FFABCs your loan in support of the next candidate:

If hired by a fire agency, would you agree to pay back to FFABCs your loan 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 loan 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-related 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 FFABC's 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 Name: _____

Last Name: _____

Title: _____

Organization: _____

Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Email: _____

Date: ____ / ____ / ____

Copy sent to FFABCs: ____ / ____ / ____

Copy sent to applicant: ____ / ____ / ____

Misc. Notes:

