

Chizmar Family Paramedic Program Scholarship

DEADLINE: Applicants are reviewed in the order received and must be submitted at least 30 days prior to the start of the first class. Only completed applications will be considered.

Name: _____

Student HCC Number _____

Street Address: _____

City: _____ State: MD Zip _____

Home Phone: _____

Cell Phone: _____

Email (Preferred Contact): _____

Marital Status: Married Divorced/Separated Single

Do you live with your parents? Yes No Birth Date: _____

Number of exemptions from your tax information (# of people you support if you did not file): _____

This scholarship is awarded based on financial need in addition to merit based criteria.

Applicants must provide the following documentation:

1. A copy of your 2020 Federal Tax Return (1040)

- If married and filing separately, you must include spouse's return
 - If under 24 years old, have no children of your own and live with your parent(s), you must include a copy of your parent's tax return
- If unmarried and residing with a partner, you must provide a copy of the partner's tax return

2. Or if you did not file a 2020 tax return, you must complete the "CERTIFICATION OF NON-FILING STATUS FORM" (last page of this application)

- Include supporting documentation or a signed letter from person(s) providing support. (List all other sources of income, ex: child support, Social Security, TCA, In-kind support)
- W-2's should be submitted with this form

3. Applicant must be a Maryland licensed EMT with no history of disciplinary actions by the State or County (consent to release of information from MIEMSS, Harford County)

4. Applicants must be able to demonstrate one year of membership in a Harford County EMS company (Volunteer, Foundation full-time, or County full-time) riding at an EMT/Aide level, and in good standing (letter from EMS Chief or Chief).

5. Applicant must demonstrate actively riding in EMS in the past year - full-time schedule (for career showing 40 hrs./week min) or for volunteers - a letter certifying that LOSAP requirements were met in the past statistical year (company letter).

6. Applicants will be required to participate in an interview.

7. Applicant must be in good standing with the college and pass the required Entrance Exam.

Eligibility: APPLICANTS MUST

- Be in good financial standing with the College
- Successfully pass the Paramedic Program Entrance Exam and submit required documents
- Be at least 18 years' old
- Be a Maryland resident
- Meet the income criteria and or other mitigating financial circumstances
-

Size of Family Unit	TOTAL Annual Family Income	
	MAXIMUM - up to 100% tuition	MAXIMUM - up to 50% tuition
1	36,180	54,270
2	48,720	73,080
3	61,260	91,890
4	73,800	110,700
5	86,340	129,510
6	98,880	148,320
7	111,420	167,130
8	123,960	185,940
	Ea. add'l \$12,540	\$18,810

Narrative: Please use a separate piece of paper for your scholarship narrative which addresses the following:

- a) What is your professional/career goal and how do you plan to pursue it?
- b) Describe the mitigating, or unexpected financial circumstances, if any, that may affect your ability to pay for this program?

This is your opportunity to speak to the committee as to why you should be considered for the scholarship.

I certify that this information is true and accurate and that I have complied with all requirements. I give full consent to Harford Community College to request information from MIEMSS, Harford County.

Signature

Date

Continued funding for required courses in any program is contingent upon successful completion of each successive course.

CERTIFICATION OF NON-FILING STATUS

Students and/or their parents who did not file a tax return for the base year are required to certify that they did not file and that the information on the Pell Grant Report is correct.

Please carefully read the following information and complete the appropriate sections.

STUDENT:

I, the student, did not file a tax return for the tax year of _____. I understand that I must provide documentation of all untaxed income. I also understand that I must submit copies of all W-2 forms from any and all places of employment, even if I did not file a tax return.

- | | |
|---|---|
| <input type="checkbox"/> \$____ TCA | <input type="checkbox"/> \$____ Housing or Food Allowance Received, such as for clergy |
| <input type="checkbox"/> \$____ Social Security Received for all family members | <input type="checkbox"/> \$____ In-kind support [Money Received or paid on your behalf (ex. Bills, rent, etc.) but not reported elsewhere] |
| <input type="checkbox"/> \$____ Child Support Received for all children | <input type="checkbox"/> \$____ W-2 Wages |
| <input type="checkbox"/> \$____ BAS/BAQ | |
| <input type="checkbox"/> \$____ Workers Compensation | |

Student Signature

Date

PARENTS:

I/We, the parents of the HCC students, did not file a tax return for the tax year of _____. I/We understand that we must provide documentations of all untaxed income. I/We also understand that I must submit copies of all W-2 forms from any and all places of employment, even if I did not file a tax return.

- | | |
|---|---|
| <input type="checkbox"/> \$____ TCA | <input type="checkbox"/> \$____ Housing or Food Allowance Received, such as for clergy |
| <input type="checkbox"/> \$____ Social Security Received for all family members | <input type="checkbox"/> \$____ In-kind support [Money Received or paid on your behalf (ex. Bills, rent, etc.) but not reported elsewhere] |
| <input type="checkbox"/> \$____ Child Support Received for all children | <input type="checkbox"/> \$____ W-2 Wages |
| <input type="checkbox"/> \$____ BAS/BAQ | |
| <input type="checkbox"/> \$____ Workers Compensation | |

Parent Signature

Date