DATE: ____________________________

Sponsoring Rural Fire Department:
Company/Address/Phone: __________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Fire Chief:

Name: __________________________________________
Phone: ________________________________________
Fire Chief signature: ______________________________________

Student Name: Print: ___________________________ Signature: ___________________________

Address: _________________________________________________________________________
Home Phone: ___________________________ Cell Phone: ________________________________
Social Security: __________________________ School District: ___________________________

Race: _____African American_____Hispanic_____Caucasion_____Asian/Pacific Islander_____Other
Gender: ___Male___Female  Birth Date: ________________________________

I, __________________________________ understand that I am committing to attend the
EMR class on a scholarship for Rural Fire Fighters. Completion of the course is required in order
to fulfill the obligations of the scholarship. If I do not fulfill the completion requirements I, the
student, will be responsible for the tuition/Supply/Fees.

The completion includes the following:

1. Attend 80% of all classwork and lab activities
2. Pass skills lab with 100% accuracy
3. Pass the State EMS certification exam with 70% accuracy
4. Be able to pass an OSBI background check

Fax, Email or Mail Attention:

Teresa Brown, Administrative Assistant to A&CD Department  FAX 580-252-3127, tbrown@rrtc.edu or
Red River Technology Center, 3300 West Bois D’Arc, Duncan, OK, 73533 or Lisa Williams,
lgwilliams@rrtc.edu Director for EMS Programs/Rural Fire Fighters  lgwilliams@rrtc.edu