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Airlift Northwest taking applications for 2010 Scholarship and Grant Program

Airlift Northwest announces its 2010 scholarship and grant program to honor and remember those from the organization who have lost their lives in the line of duty. The program includes three components, each one to honor our colleagues' commitment to their profession, and intended to support education and safety in our stakeholder community. These are:

- **A scholarship program for nurses to be used for clinical education** that expands their knowledge and capability, with the recipients returning to their organizations to share what they have learned.
- **A scholarship program for members of the emergency medical services community** to be used for EMS-related education that expands their knowledge and capability, with the recipients returning to their agencies to share what they have learned.
- **A grant program for hospitals and EMS, fire department or law enforcement agencies** to improve safety practices or equipment related to working with air medical services.

Airlift Northwest will give out the grants and scholarships at its October 8, 2010 EMS conference. One \$1,000 award will be given in each category.

Program Criteria

For all awards — Applicants must work in or be part of the ALNW primary service area – Southeast Alaska, Western Washington or Central Washington. Applicants cannot be former or current staff of Airlift Northwest.

For nurse's scholarship — Applicant must be a licensed nurse currently providing in-facility care and must be affiliated with a healthcare provider or agency. The award must be used for education or training that enhances critical care or emergency skills. Priority will be given to rural providers.

For the EMS scholarship — Applicant must be a certified provider such as a first responder, EMT or paramedic and must be affiliated with a provider agency (public or private) and can be paid or volunteer. The award must be used for EMS-related education. Priority will be given to volunteers and rural providers.

For agency or hospital safety grants — Applicants can be any agency or healthcare facility that provides emergency services. The grant must be used for equipment, education or facility-related improvements that enhance safety, reduce risk or otherwise improve their interface with air medical services. Priority will be given to nonprofit and rural facilities and providers.

Application Procedure

Applications must be received by Monday, September 13, 2010. Please complete the attached form and mail to:

Airlift Northwest Scholarship Program
6987 Perimeter Road South, Suite #110
Seattle, WA 98108

For more information, call Rebecca Booker at 206-521-1599.



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Contact Rebecca Booker at
206-521-1599

APPLICATION FOR AIRLIFT NORTHWEST 2010 SCHOLARSHIP AND GRANT PROGRAM

For Nurse's or EMS Scholarships

YOUR NAME:		YOUR AGENCY OR FACILITY:	
HOME ADDRESS:		BUSINESS ADDRESS:	
HOME PHONE:	BUSINESS PHONE:		MOBILE PHONE:
E-MAIL ADDRESS:			
<input type="checkbox"/> I am applying for the Nurse's Scholarship and meet the qualifications listed in the criteria for application.		<input type="checkbox"/> I am applying for the EMS Scholarship and meet the qualifications listed in the criteria for application.	
INDICATE YOUR LEVEL OF CERTIFICATION:			
LIST YOUR ROLES AND DUTIES AT YOUR ORGANIZATION:			
LIST YOUR EXPERIENCE IN THE FIELD AND WITH YOUR AGENCY:			
IF YOU ARE AWARDED A SCHOLARSHIP, HOW WILL YOU USE THE FUNDS?			
HOW WILL YOU BRING THE EDUCATION OR TRAINING SUPPORTED BY THIS SCHOLARSHIP BACK TO YOUR ORGANIZATION?			
HOW WILL THE COMMUNITY BENEFIT FROM THE EDUCATION OR TRAINING SUPPORTED BY THIS SCHOLARSHIP?			
WHEN DO YOU ANTICIPATE GETTING THE EDUCATION OR TRAINING SUPPORTED BY THIS SCHOLARSHIP?			
WHO WILL PROVIDE THE EDUCATION OR TRAINING?			

Please attach additional pages if needed to fully answer the questions above.

APPLICATION DEADLINE: Monday, September 13, 2010



For more information:
Contact Rebecca Booker at
206-521-1599

APPLICATION FOR AIRLIFT NORTHWEST 2010 SCHOLARSHIP AND GRANT PROGRAM

For Agency or Hospital Safety Grants

NAME OF AGENCY, FACILITY OR HOSPITAL:

NAME OF REPRESENTATIVE SUBMITTING APPLICATION:

ADDRESS OF AGENCY, FACILITY OR HOSPITAL:

BUSINESS PHONE:

MOBILE PHONE:

E-MAIL ADDRESS:

DESCRIBE HOW YOU WILL USE THIS GRANT — FOR EQUIPMENT, EDUCATION OR FACILITY-RELATED IMPROVEMENTS TO ENHANCE SAFETY. BE SPECIFIC.