THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

THE WALTER F. PIZZI, M.D.
EMERGENCY MEDICAL SERVICES SCHOLARSHIP
In Remembrance of Lillian Evelyn Pizzi

Background

In the 1960’s, Walter F. Pizzi, MD, FACS, a trauma surgeon, was initially motivated to improve the delivery of emergency care while doing a 7-year surgical residency at Bellevue Hospital. Dr. Pizzi saw first hand that pre-hospital care was non-existent and correcting it in NYC, with a population of eight million, could save thousands of lives.

In the 1970’s, Dr. Pizzi, along with other concerned physicians, nurses and health care advocates, founded The Regional Emergency Medical Services Council of NYC, which was unanimously designated by State Law in 1976 to coordinate all emergency medical services in NYC. Dr. Pizzi served as its chairman for 32 years and today’s EMS system is a testament to Dr. Pizzi’s solid leadership and steadfast vision.

The Walter F. Pizzi EMS Scholarship was developed as a continuation of that movement as part of an ongoing effort to ensure the world’s largest EMS System is served by some of the most highly trained EMS professionals today. This award will be given to an EMS provider who has demonstrated exceptional dedication to patient care for the purpose of advancing his or her certification to the Paramedic level. The scholarship amount is for $3,000 to be used to assist in tuition payment for a New York State certified Paramedic program.

Applicant Eligibility

Applicants must meet all of the criteria below in order to be considered for this award. Applications received from individuals who do not meet the below criteria will not be reviewed.

1. Applicant must be a current Certified New York State EMT-Basic working/volunteering in the New York City region.
2. Applicant must have a minimum of three (3) years experience working/volunteering as an EMT-Basic on an ambulance in the NYC region.
3. Applicants attending programs where tuition is waived are not eligible for this scholarship.
4. Applicants under current disciplinary review from the New York State Department of Health are not eligible for this scholarship.

Application Process

All documentation must be submitted as a single package by regular mail to the Regional EMS Council of NYC Inc, 475 Riverside Suite 1929, New York, NY, 10115. In order to be eligible for this scholarship, applicants must submit all of the application documents outlined below. Deadline to submit is Monday, August 22, 2016.

1. The Scholarship Application Form (attached) must be completed.
2. A letter of recommendation from the Chief Operations Officer/Supervisor of the EMS Agency where the applicant is currently working/volunteering.
   o Letter must be completed on a company letterhead, including a contact number/email.
   o Letter must affirm that the applicant is a current employee/member of the EMS Agency and the year the member started working/volunteering for the agency.
3. A short typed essay from the applicant on why he/she wishes to become a Paramedic, and how he/she will use the Paramedic certification to better his/her community.
   o Essays should be a minimum of 500 words, but no more than 1,200 and should not be accompanied by any attachments.
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SCHOLARSHIP APPLICATION FORM

First Name: _________________________________  Middle Initial: ______________
Last Name: _________________________________
Address: ________________________________________________________________________
City: ____________________  State: _______  Zip: ________________
Telephone: _______________________  Email: ______________________________________
NYS EMT #: _________________  Expiration Date: _______________
Year of Original Certification: _______________________________
Primary Agency Affiliation: _________________________________________________________
Chief Operating Officer: ___________________________________
Agency Telephone: _______________________________________
Additional Affiliations
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
Additional Certifications
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
List Any Community Service Activities Here (If none, leave blank)
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
For any questions regarding completing the application or the application process, please contact the Regional EMS Council of NYC at mdiglio@nycremsco.org.