

EMERGENCY MEDICAL TECHNICIAN -
COURSE APPLICATION
(September 9th 2019 -December 18th 2019)

LAST NAME: _____ FIRST NAME: _____ M.I. _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

HOME ADDRESS (IF DIFFERENT): _____

EMAIL ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

DATE OF BIRTH: _____ DRIVERS LICENSE #: _____

ARE YOU AFFILIATED WITH AN EMS SERVICE? ☐ YES ☐ NO

NAME OF THE EMS SERVICE: _____

YOUR SIGNATURE: _____ DATE: _____

Make
Check
Payable

**RETURN THIS APPLICATION BEFORE: August 19, 2019 WITH A
\$ 850.00 NON-REFUNDABLE BANK CHECK OR MONEY ORDER**
(unless you are requesting a payment plan which means a \$250.00 NON-REFUNDABLE
BANK CHECK OR MONEY ORDER is due by August 19th) Sorry, no personal checks!

to:

“Wolcott Vol. Ambulance”
Send to: Wolcott Vol. Ambulance
P.O. Box 6066
Wolcott, CT 06716

ANY QUESTIONS - CONTACT Connie @ 203-879-4122 x110

Official Use Only	Date Rec'd:	Amt. Rec'd:	Check #:	MO#:
	Rec'd by:	\$ Due:		

EMERGENCY MEDICAL TECHNICIAN -

**Payment Plan Option Application
(September - 2019)**

LAST NAME: _____ FIRST NAME: _____

Make
Check
Payable

**RETURN THIS Payment plan APPLICATION ON OR BEFORE:
AUGUST 19, 2019 WITH A \$250.00 NON-REFUNDABLE BANK
CHECK OR MONEY ORDER. Payment plan is outlined below.**

to:

Sorry, no personal checks!

“Wolcott Vol. Ambulance”
Send to: Wolcott Vol. Ambulance
P.O. Box 6066
Wolcott, CT 06716

ANY QUESTIONS - CONTACT Connie @ 203-879-4122 x110

Due Date:	Amount Due:	Balance Due:	Received by:
8/19/2019	\$250.00	\$600.00	
9/19/2019	\$250.00	\$350.00	
10/19/2019	\$200.00	\$150.00	
11/19/2019	\$150.00	\$0.00	

No student will be allowed to sit for the final exam without full payment!