



Paramedic Exemption Application Instructions

About

This application is to seek tuition assistance for eligible employed paramedics in Texas seeking an Associate of Applied Science Para-medicine or an EMT to Para-medicine Level 2 Certificate.

How to Submit

Sign and return with required documents to:
Grayson College Financial Aid Office.
6101 Grayson Drive
Denison TX, 75020-8299

Email to:
financialaid@grayson.edu
Fax to: 903.463.3908

Requirements

- Currently employed as a paramedic in the state of Texas .
- Hold an EMT-Paramedic certificate or a Paramedic license issued by the Texas Dept. of State and Health Services.
- Enrolled at Grayson College in emergency medical services courses.
- Degree or certificate seeking.
- Meeting Financial Aid Satisfactory Academic Progress (SAP) at Grayson College.
- Registered with Selective Service or Exempt.

Costs Covered

- Tuition only for Para-medicine courses (exemption will not cover additional fees, books, uniforms, or supplies).
- Lab fees only for Paramedic/ EMT program.

Required Documents

- Letter from employer on department letterhead with current year date, stating current employment status, printed first and last name of supervisor, and official signature from supervisor.
- Current semester GC billing ledger.
- Proof of Certification or Texas license.
- Completed Eligibility Statement in your student portal.



Grayson College Financial Aid

Paramedic Exemption Application 2025-2026

This application is to seek tuition assistance for eligible employed paramedics in Texas enrolled in college-level emergency medical service courses.

* = Required field

Student Information

Student Name*: _____ Email*: _____
Student ID* _____ Phone Number*: _____
Date of Birth (m/d/yyyy)* _____ Alternate Phone: _____

Student Address

Street Address*: _____
City, State, and Zip Code* _____

Application Details

Is this an initial (new) application, or a renewal?

Initial Exemption Application

Renewal Exemption Application

Signatures

Student Printed Name*: _____

Student Signature* ☒ _____ Date (mm/dd/yyyy)* _____

By my signature I understand it is my responsibility to pay all remaining balances owed to GC. Future awards will not be processed until all balances are paid:

- Requests may take 1-2 weeks to process.
- Applications may NOT be processed until all necessary documentation has been received.

Office Use Only

Exemption Period: _____ Amount: _____ SAP: ☐ Good ☐ AP ☐ Warn ☐ Susp.
Residency: _____ Degree Seeking: : ☐ Yes ☐ No Required Docs Received: : ☐ Yes ☐ No
Enrolled in Fire Science or Paramedic/EMT: ☐ Yes ☐ No Docs Complete: : ☐ Yes ☐ No
Processed By: _____ Date: _____