110 Cleveland Drive
Paris, KY 40361

KENTUCKY FIRE COMMISSION
STATE FIRE RESCUE TRAINING

(800) 782-6823
kyfirecommission.kctcs.edu

Student Sponsorship Form
EMR/EMT Spring 2026

Student Information

Student First & Last Name: _____

Student Address: _____

Student Firefighter Number: _____

Student KEMSIS # (if applicable): _____

Sponsor Information

Sponsoring Fire Department Name: _____

Sponsoring Fire Department Address: _____

Sponsoring Fire Department Phone #: _____

Sponsoring Fire Department ID #: _____

As an authorized representative of the sponsoring fire department, I agree that the agency shall reimburse the Kentucky Fire Commission a sum of $250 if the sponsored student were to withdraw or drop out of the course after the commencement of the course. Failure to pay may result in withholding of State Aid, Grants, and/or Incentive Pay from the Kentucky Fire Commission.

Signature of Fire Chief:_____

Phone # of Fire Chief: _____

Email of Fire Chief: _____

This form shall uploaded and submitted at the time of student registration for the class at the designated section of the registration form.