

Battle Creek Area EMS Scholarship Fund

NAME _____

ADDRESS _____

SOCIAL SECURITY # _____ TELEPHONE _____

CURRENT EMS LICENSE: ___ NONE ___ MFR ___ EMT ___ EMT-S ___ PARAMEDIC

REQUESTING SCHOLARSHIP DOLLARS FOR:

___ MFR

___ EMT

___ EMT-S

___ PARAMEDIC

___ PARAMEDIC (PRE-REQUISITES)

COST OF PROGRAM _____ START DATE OF PROGRAM _____

PROGRAM LOCATION _____

HAVE YOU OFFICIALLY ENROLLED IN THIS PROGRAM? ___ YES ___ NO

ARE YOU CURRENTLY ENROLLED IN ANY OTHER RELATED COURSES?

YES ___ NO ___ DESCRIBE _____

OTHER FINANCIAL AID RECEIVED?

AMOUNT

HIGH SCHOOL ATTENDED

YEAR GRADUATED

GPA

COLLEGE(S) ATTENDED

COURSES OF STUDY

YEAR COMPLETED

LIST YOUR CURRENT INVOLVEMENT IN EMS, IF ANY:

OUTLINE YOUR GOALS AND FUTURE PLANS IN THE EMS FIELD:

LIST ANY OF YOUR CURRENT OR RECENT COMMUNITY/CIVIC/VOLUNTEER INVOLVEMENT OR ACTIVITIES:

WHY ARE YOU INTERESTED IN RECEIVING THIS TRAINING ?

DO YOU PLAN TO CONTINUE WORKING WHILE YOU TAKE THIS TRAINING?

CURRENT & PREVIOUS EMPLOYMENT:

EMPLOYER	POSITION	PAID OR VOLUNTEER	DATES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST THREE (3) PERSONAL REFERENCES

NAME	TELEPHONE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE

DATE

APPLICATIONS SHOULD BE RETURNED TO:

LIFECARE AMBULANCE SERVICE
BATTLE CREEK AREA EMS SCHOLARSHIP
330 HAMBLIN AVENUE
BATTLE CREEK MI 49037

APPLICATIONS ARE DUE MAY 29, 2009