

**EMS  
SUCCESS**



*"SAVING LIVES...  
THROUGH EDUCATION"*

SPONSORED BY....



Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant name \_\_\_\_\_ SSN \_\_\_\_\_

Address-City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Marital Status \_\_\_\_\_ No. of dependants \_\_\_\_\_

References with phone #. Must have at least 3. They cannot be family members.

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Profession \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Profession \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Profession \_\_\_\_\_

Email address \_\_\_\_\_

Will you agree to work for 1 year (1,000 hours minimum) in a rural or under-served area of your community following successful completion of your paramedic program?

Circle one:            YES                            NO

**EDUCATION**    Circle the highest grade completed    High School 9 10 11 12    GED    College 1 2 3 4

If applicable, what EMS program(s) have you attended?  
\_\_\_\_\_

Current state EMS License type and #: \_\_\_\_\_

Please list any other specialty certifications/credentials \_\_\_\_\_

**EMPLOYMENT INFORMATION:** Current employer \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Hire date \_\_\_\_\_

Contact person \_\_\_\_\_ Your position \_\_\_\_\_

Your spouse's employer \_\_\_\_\_ Position \_\_\_\_\_

Do you have an active interest in pursuing a career as a flight paramedic? \_\_\_\_\_

**EMS PROGRAM INFORMATION**

Which EMS program are you enrolled in? \_\_\_\_\_

What is your expected graduation date? \_\_\_\_\_

School address \_\_\_\_\_

Instructor \_\_\_\_\_ Phone # \_\_\_\_\_

Program Director \_\_\_\_\_ Phone # \_\_\_\_\_

Will you be at least 50% complete with the program on September 1<sup>st</sup> of this year? \_\_\_\_\_

What is the anticipated cost for this class/program? \_\_\_\_\_

Financial aid officer \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Affidavit: As an applicant for the EMS Success Scholarship, I hereby certify that the information contained herein is true and correct and I grant EMS Success Scholarship Committee permission to verify any and all information I have provided. If I receive an EMS Success scholarship, I commit to seek and obtain certification as the level requested in the application. By signing this application I hereby agree to the terms and conditions set forth at [www.emssuccess.org/eligibilityrequirements.html](http://www.emssuccess.org/eligibilityrequirements.html)

Applicant's printed name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_