



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

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

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

Home Phone \_\_\_\_\_ Marital Status \_\_\_\_\_

Cell Phone \_\_\_\_\_ 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 (please **print legibly**) \_\_\_\_\_

**Will you agree to work for 2 years (1,000 hours a year 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

Current state EMT License #: \_\_\_\_\_

Other state or EMS certifications \_\_\_\_\_

National Registry type and #: \_\_\_\_\_

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

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

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

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

**Have you applied for this scholarship before?**

How many times? \_\_\_\_\_ Were you awarded any funds? \_\_\_\_\_

**EMS PROGRAM INFORMATION**

What EMS program are you currently enrolled in? \_\_\_\_\_

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

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

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

When was your start date? \_\_\_\_\_ When is your anticipated graduation date? \_\_\_\_\_

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

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 \_\_\_\_\_