



EMS Scholarship Application

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

School District Associated With This Address: _____

Best Daytime Phone Number: _____ E-Mail: _____

Highest Level of Education Completed: GED High School Diploma College/Trade Post-Graduate

Licensed Agency Sponsoring You: _____

Are You Over 18? YES NO If No, Parent/Guardian Name: _____

Have You Ever Applied For A Scholarship In The Past With EMMCO West? YES NO

Level Of Certification Training For Which You Are Applying: EMR EMT AEMT PARAMEDIC

Location Of Certification Class: _____

Are You Applying For Reimbursement For Testing? YES NO

Please Briefly Describe Why You Are Applying For This Scholarship, Including Your Intentions For The Future As Part Of The EMS System In The EMMCO West Region (Use Additional Paper As Necessary).

SIGNATURE

DATE