

Arkansas Ambulance Association

EMS Scholarship Application

2009

Application Deadline – Spring Semester **2009 December 05, 2008**

Application Deadline – Fall Semester **2009 July 10, 2009**

See Scholarship Program Information for Instructions (Incomplete or late applications will not be considered. Only one application necessary per student.)

Applicant Name _____

Address, City, State, Zip _____

Daytime Phone _____ Other Phone _____ Marital Status _____ Number of Dependents _____

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

EMS Program(s) Attended: (if applicable) _____

Current Arkansas EMS Certification No. : EMT-Basic # _____ EMT-Intermediate # _____ [] Not certified / seeking initial certification

Other State Certification: _____

National Registry Certification No.: EMT-Basic # _____, EMT-Intermediate # _____ [] Not applicable / seeking certification

EMPLOYMENT INFORMATION: Current Employer _____

Address _____ Phone _____ Hire Date _____

Contact Person _____ Your Position _____

Your Spouse's Employer _____ Position _____

Other Employment History (Previous 5 years, Attach additional pages if needed) Employer	Position	From – To

EMS PROGRAM INFORMATION: Level of Scholarship requested: _____ EMT Basic (\$750) _____ EMT-Paramedic (\$2,000)
(Must hold current EMT Certification)

Which EMS school/program do you plan to attend? _____

Are you currently enrolled? ___Yes ___No Have you been admitted/accepted into the EMS Program? ___Yes ___No

Which Term? [] FALL class starting date _____ [] SPRING class starting date _____ [] Other term starting date _____

School / Program Address _____

Contact/Instructor _____ Phone Number _____

Financial Aid Officer _____ Phone Number _____ Fax Number _____

AFFIDAVIT: As an applicant for the ArAA EMS Scholarship, I hereby certify that the information contained herein is true and correct and I grant the ArAA Scholarship Committee permission to verify any and all information I have provided. If I receive an ArAA EMS Scholarship, I commit to seek and obtain Certification as an Arkansas EMT-A, or EMT-P, upon completion of this program.

Applicant's Signature

Date

If you will be receiving any other funds (grants, loans, scholarships, etc., please disclose below. If none, write "None". **If your employer is paying for your EMT or Paramedic Training Program, such must also be listed below.**

For AAA Use Only:

Date Received: _____

Letter – Applicant Received ___Yes ___No

Letter – Employer Received ___Yes ___No

Letter – Supervisor Rec'd ___Yes ___No

Application is legible ___Yes ___No

Scholarship Awarded: ___\$750 ___\$2,000

[] Scholarship Denied
Reviewers: _____

Date: _____

APPLICATION CHECKLIST

_____ Completed and signed ArAA Scholarship Application

_____ Letter from Applicant describing educational and employment goals

_____ Letter of recommendation from your employer

_____ Verification of 1-year field experience from employer

_____ Letter of recommendation from supervisor

_____ Copy of current EMT certification card (paramedic applicants)