REMSAHEALTH.

Center for Integrated Health
and Community Education

EMT Scholarship Program Application

INSTRUCTIONS: Read and answer each question. Do not leave any section blank. Please type or print clearly.

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Telephone: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Telephone Number: _____ Address: _____

EDUCATION INFORMATION

This section must be completed, a resume and 250 word essay should be included. List schools attended. Attach additional pages if more space is needed. **Transcripts from schools attended and copies of all diplomas and/or certificates must be included with the application.**

Schools Attended	Dates Attended (month/year)	Status	Certs/Diplomas/Degrees
High School: _____ Street: _____ City: _____ State: _____ Phone: _____	From: To:	Years/Units Completed: _____ Presently Enrolled: ☐ Y ☐ N Date Graduated: _____ Approximate GPR: _____	Certifications: _____ _____ _____
Schools Attended	Dates Attended (month/year)	Status	Certs/Diplomas/Degrees
High School: _____ Street: _____ City: _____ State: _____ Phone: _____	From: To:	Years/Units Completed: _____ Presently Enrolled: ☐ Y ☐ N Date Graduated: _____ Approximate GPR: _____	Certifications: _____ _____ _____

- **Please attach a copy of your resume, current grade check form and unofficial transcripts to this application. In the space provided below, in 250 words, please explain how this EMT class will benefit your future. If you wish to submit your essay on a separate document, please write "On Attached Document" in the space below.**

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- I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge and belief. I understand and agree that any false statement or omission of material fact may disqualify me from consideration for acceptance to the REMSA EMT Education program. Additionally, I authorize the program to verify the statements made on or in connection with this application.
- I also certify that I have received a copy of the application packet that contains rules, regulations, course completion requirements, and costs for the EMT Education program.
- It is the responsibility of the applicant to ensure all required documents have been submitted with this application. Failure to submit all required documentation including transcripts will result in the candidate not being considered for the program.

_____   _____

Applicant's Signature   Date

_____   _____

Parent/Guardian Signature   Date