

**MARCER**  
**Paramedic Scholarship Application**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Do you have any family members in Public Safety (Police/Fire/EMS)?    Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please tell us about their involvement \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Occupation (Other than student) \_\_\_\_\_

Estimated Annual Household Income \$ \_\_\_\_\_

(Check Appropriate Space)

Single \_\_\_\_\_ Married \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Employed Full Time \_\_\_\_\_ Employed Part Time \_\_\_\_\_

College Student Full Time \_\_\_\_\_ College Student Part Time \_\_\_\_\_

**Educational History**

High School/GED \_\_\_\_\_ Graduation Year \_\_\_\_\_

College \_\_\_\_\_ Graduated/Cr. hrs? \_\_\_\_\_ Year \_\_\_\_\_

**Paramedic Training Program Information**

Program Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Program Lead Instructor Name \_\_\_\_\_

Lead Instructor Phone Number and E-mail Address \_\_\_\_\_

Date of Enrollment \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

EMT License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**References/Letters of Recommendation**

Please list three individuals below who can attest to your commitment to Paramedic Training, your EMS experience, your community service, and other qualifications that would merit award of the scholarship. Include their letter of recommendation with your application packet.

Reference #1 Name/Relationship to You

\_\_\_\_\_

Reference #2 Name/Relationship to You

\_\_\_\_\_

Reference #3 Name/Relationship to You

\_\_\_\_\_

To the best of my ability, I attest the above information to be accurate and true.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

