KENTUCKY EMERGENCY MEDICAL TECHNICIAN INSTRUCTORS ASSOCIATION

SCHOLARSHIP APPLICATION

A. Complete all requirements of the Scholarship Application

B. Please type an essay of approximately 250 words on your role in and perspective of Emergency Medical Services and reasons why this scholarship should be awarded to you.

C. A minimum of one and no more than three **recommendations** must be submitted with the application.

D. School/community/work experience and awards/honors/special recognitions (use a separate sheet to answer.)

SS# _____ Name _____ Sex* _____ Age* _____
First Last Maiden

Home Address _____
Street/Box Number City State Zip

County _____ Home phone number ( ) _____

Name of school/program _____ Date of graduation _____

Major/field of study _____ Possible occupation choice _____

Applicant gross family income _____ Number of household members _____

Name of sponsoring KEMTIA member _____

Address _____

Note: Information marked with an (*) is optional.

I HEREBY ATTEST to the accuracy of the information I have included in this application and give my permission for the use of my information in media releases or internal audits. I understand myfull application is to be reviewed by members of various selection committees. I understand that KEMTIA retains the right to adjust my individual scholarship awards to effectively utilize KEMTIA dollars.

_____

SIGNATURE DATE