



EMT to Paramedic Scholarship Application

I, _____, understand that I have applied for an EMT to Paramedic scholarship and affirm my wish to be considered. Permission is hereby given to officials of my institution to release transcripts of my academic record and other requested information for consideration in the scholarship program. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation on my behalf. I affirm that I will work full-time at MedCare Ambulance for a minimum of two (2) years as a paramedic upon completion of the course and receipt of state licensure.

I affirm that the information obtained herein is true and accurate to the best of my knowledge and belief.

Printed Name

Signature

Date

Biographical Questionnaire

Legal full name: _____
Last Name

First Name

Middle Name

Permanent Residence*: _____
Street

State

Zip Code

*Permanent residence is established by at least two of the following: home address for school registration, place of registration to vote, and/or family's primary residence. If you are selected as a recipient of the scholarship, you will receive notification at the address you list here.

Telephone number: _____

Cellular

Home

Other

Email address: _____

Are you: U.S. Citizen

U.S. National

U.S. Permanent Resident

Beginning with the EMT school you attended, list any other EMT schools you attended if you have attempted paramedic training before.

EMT School	Location	Dates Attended	GPA

List any EMS awards, honors, or scholarships you have received in the past four year. Please list in descending order of significance.

Name	Description	Date

[Type text]

EMT to Paramedic Scholarship Application**Aspirations**

1. In one or two sentences, describe why you wish to become a paramedic:

2. What are your long term professional aspirations? What issues, needs or problems do you hope to address? Indicate in which area(s) of the health care you are considering making your career and specify how this program and your overall plans will assist you in achieving your goals.

Programs and Activities

1. List any programs and activities in which you have participated on campus or in your community while in school (such as clubs, publications, debate, dramatics, music, art, student government....). Please list in descending order of significance. Use additional paper, if needed.

Activity	Description/Office Held	Dates of Participation

2. List internships and jobs (including summer opportunities) you have held in the past four years. Use additional paper, if needed.

Job/Kind of work	For whom	Dates	Hours per week

3. List public service and community activities. Do not repeat what was listed previously. Please list in descending order of significance. Use additional paper, if needed.

Activity	Role	Dates	#Weeks

4. Describe any non-related course experience, if applicable, and the ways in which the experience will assist you in achieving your goal(s).

[Type text]

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5. Describe any leadership experience in which you made a difference at work, on campus, or in your community.

6. Describe a specific activity or experience that has been important in clarifying or strengthening your commitment to your education.

7. Describe briefly your most significant public service, community, or school activities associated with your interests in which you regularly participate. Explain the duration, degree, and significance of your involvement.

8. What additional information (not already addressed on this application) do you wish to share with the scholarship selection committee?

Please submit to the Human Resource Department at MedCare Ambulance via mail or hand-delivered to 3699 Paragon Drive, Columbus, Ohio 43228, or fax to 614-751-6851, or email to pkoster@medcareohio.org.