GALENA AREA EMERGENCY MEDICAL SERVICE DISTRICT

SCHOLARSHIP PROGRAM APPLICATION

PLEASE PRINT

____

Name: Last First Middle Initial

____

Address: Street City ZIP

________________________________ ____

Phone e-mail

____ _________

High School Attended G.P.A.

____ _____________________, 20____

Applicant's Signature Date

CHECKLIST

I certify that the following documents are included with this Application. I understand that a failure to include any required document by the deadline below may result in the disqualification of my application.

__ Provide personal information (above).

__ Provide an unofficial copy of your high school transcript.

__ Provide two (2) letters of recommendation: one (1) from a teacher or guidance counselor; and one (1) from an employer or community member.

1. If you are selected as a Galena Area EMS District Scholarship winner, you give permission to use your photograph and name for publicity purposes.
2. You acknowledge that any funds awarded are to be used only for educational purposes. It is your responsibility to return the funds if they cannot be used for that purpose.
3. You will be notified if you are selected.

Deadline: Current Year, by 5:00 p.m., the last Friday of March.

Submit completed application to galenaems@gmail.com **or** mail to GAEMSD, 217 Summit Street, Galena, IL 61036 – Attention: Scholarship Committee.

1. What is your course of study in the healthcare or medical field?

____

____

____

____

____

____

Public

Name of Applicant: ______________________________________

2. Please list schools to which you have applied and whether you have been accepted.

School(s) to which you have applied	Have you been accepted?

3. Please list scholarships/grants for which you have applied.

Source	Amount	Awarded? Yes, No, Pending

4. High school – activities/honors/awards etc., <u>and</u> Outside of school – community activities and participation

High school – activities/honors/awards etc., and Outside of school – community activities and participation	Year(s) Involved
Use additional paper if necessary. Be sure to put your name on it.	

Public

Name of Applicant: ____

5. Employment History. (Below or attach a separate page - include your name on that page.)

Place(s) Employed	Date(s) Employed	Hours/ week	Duties

6. **ESSAY**: Please provide an explanation of your career choice, why you chose this as a potential career, what or who influenced you. (Below or attach a separate page - include your name on that page.)

(approximately one page)

Public