



# IEMSA EMS Scholarship Fund

NAME \_\_\_\_\_

ADDRESS (City, State, Zip) \_\_\_\_\_  
 \_\_\_\_\_

TELEPHONE \_\_\_\_\_ Email Address \_\_\_\_\_

CURRENT EMS LICENSE:  NONE  EMR  EMT  AEMT  PARAMEDIC

REQUESTING SCHOLARSHIP DOLLARS FOR:

- EMR
- EMT
- AEMT
- PARAMEDIC

COST OF PROGRAM \_\_\_\_\_ START DATE OF PROGRAM \_\_\_\_\_

EMS Training Program \_\_\_\_\_

HAVE YOU OFFICIALLY ENROLLED IN THIS PROGRAM?  YES  NO

ARE YOU CURRENTLY ENROLLED IN ANY OTHER RELATED COURSES?  YES  NO

IF YES, DESCRIBE OTHER FINANCIAL AID RECEIVED:

\_\_\_\_\_  
 \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_

YEAR GRADUATED \_\_\_\_\_

GPA \_\_\_\_\_

COLLEGE(S) ATTENDED

COURSES OF STUDY

YEAR COMPLETED

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LIST YOUR CURRENT INVOLVEMENT IN EMS, IF ANY:

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OUTLINE YOUR GOALS AND FUTURE PLANS IN THE EMS FIELD:

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LIST ANY OF YOUR CURRENT OR RECENT COMMUNITY/CIVIC/VOLUNTEER INVOLVEMENT OR ACTIVITIES:

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WHY ARE YOU INTERESTED IN RECEIVING THIS TRAINING?

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DO YOU PLAN TO CONTINUE WORKING WHILE YOU TAKE THIS TRAINING \_\_\_\_\_

CURRENT & PREVIOUS EMPLOYMENT:

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LIST THREE (3) PERSONAL REFERENCES

NAME	TELEPHONE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**APPLICATIONS SHOULD BE RETURNED TO:**

**Deadline for Submission: June 1, 2018**

IEMSA  
Scholarship Applications  
5550 Wild Rose Lane, Ste. 400  
West Des Moines, IA 50266