



IEMSA

Iowa Emergency Medical Services Association

SCHOLARSHIP APPLICATION

NAME _____

ADDRESS (City, State, Zip) _____

TELEPHONE _____ Email Address _____

CRITERIA

1. **You must be a current member of IEMSA.** Student Memberships are FREE for the first year of training.
2. **The Training Center/College the student is enrolled in must be an IEMSA Affiliate Training Center Member** for their student to receive the award.
3. **Training Center/College must be located in Iowa.**
4. **A Letter of Recommendation from the Training Center/College** must accompany the scholarship application.
5. **Scholarship Checks will be made payable to the awardee** designated Training Center.
6. **Deadline to receive Scholarship Award Funds:** December 31.
7. **Only those applications which are complete, accurate and received by the deadline will be considered.**
8. **IEMSA will notify all applicants by email of the status** of their application.
9. **EMS Scholarships are not awarded for course work already taken.**
10. **Students Awarded a Scholarship—must submit a “Statement of Acceptance”** to the IEMSA office before December 1.

CURRENT EMS LICENSE: ___ NONE ___ EMR ___ EMT ___ AEMT ___ PARAMEDIC

REQUESTING SCHOLARSHIP DOLLARS FOR:

___ EMR ___ EMT ___ AEMT ___ PARAMEDIC

COST OF PROGRAM _____ START DATE OF PROGRAM _____

What EMS Training College are you attending/or will be attending?

HAVE YOU OFFICIALLY ENROLLED IN THIS PROGRAM? ___ 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:

OUTLINE YOUR GOALS AND FUTURE PLANS IN THE EMS FIELD:

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

WHY ARE YOU INTERESTED IN RECEIVING THIS TRAINING?

DO YOU PLAN TO CONTINUE WORKING WHILE YOU TAKE THIS TRAINING _____
CURRENT & PREVIOUS EMPLOYMENT:

LIST THREE (3) PERSONAL REFERENCES

NAME

TELEPHONE

RELATIONSHIP

SIGNATURE _____ DATE _____

APPLICATIONS SHOULD BE RETURNED TO:

Deadline for Submission: September 1.

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