



IEMSA EMS Scholarship Fund

NAME _____

ADDRESS (City, State, Zip) _____

TELEPHONE _____ Email Address _____

CRITERIA

- A. Applicant’s Designated EMS Training Center must be an IEMSA Affiliate Training Center Member for the student to receive the award.**
- B. Applicant must be a member of IEMSA. Student Memberships are FREE for 1-year.**
- C. EMS Training Center must be in located Iowa**
- D. A Letter of Recommendation from the EMS Training Center must accompany the scholarship application.**
- E. Scholarship checks will be made payable to the Training Center on behalf of the student.**
- F. Students must complete a “Statement of Acceptance” and send it to the IEMSA office before September 1, 2019.**
- G. Deadline to Receive Scholarship Funds is 12/31/2019.**

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

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; Jun1, 2019

IEMSA

Scholarship Applications

5550 Wild Rose Lane, Ste. 400

West Des Moines, IA 50266