



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:

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: June 1, 2018

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