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, 2020.
G. Deadline to Receive Scholarship Funds is 12/31/2020.

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

APPLICATIONS SHOULD BE RETURNED TO: Deadline for Submission; Sept 1, 2020

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