|  |  |
| --- | --- |
|  | EMS TrainingScholarship Application  |

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |
| --- | --- | --- |
| Do you intend to complete the EMS Training and take the state licensing test? | YES[ ]  | NO[ ]  |

## Essay

Please write a paragraph sharing why you are interested in completing the EMS Training and becoming an EMT.

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## Certification and Signature

I certify that my answers are true and complete to the best of my knowledge.

If selected as a recipient, I authorize Scheurer and the Huron County Community Foundation to use my name in relevant marketing and promotional material.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Return to March 29 by 2019**