

**SIXTH DISTRICT, EMS COUNCIL OF NEW JERSEY  
2017 SCHOLARSHIP APPLICATION**

**ELIGIBILITY:**

- A. Applicant must be a high school senior, in good standing, applying to a certified school of higher learning.
- B. Applicant must either be a member of or direct relative of a member of a first aid squad which is a member of the Sixth District of the EMS Council of New Jersey
- C. This application **MUST** be returned to Susan DeWitt, Chairperson, Sixth District, EMSCNJ, 2 Halsted St, Verona, NJ 07044 **before March 1 , 2017 Late Applications will not be accepted.**

1. Name: \_\_\_\_\_

2. Complete Address: \_\_\_\_\_

3. Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. List below the certified schools of higher education to which you have applied in order of your preference:

School	Accepted/No Word Yet
A. _____	
B. _____	
C. _____	

5. Which school do you plan to attend and what will be your fields of study?

School \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

6. What High School do you attend?: \_\_\_\_\_

7. Expected High School Graduation Date \_\_\_\_\_

8. Name of squad you are affiliated with: \_\_\_\_\_

9. Name of Squad Captain: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For questions 10 and 11 please answer the following questions. Your answers should be typewritten in a font no smaller than 12 and limited to no more than one page for each answer. No additional pages or information will be considered.

10. Why are you applying and why do you feel you should be awarded this scholarship?
  
11. Write an essay on the impact your involvement in EMS or community service has made in your life.

Please note that a copy of your high school transcript is also required to be sent to the address below no later than March 1, 2017.

Susan DeWitt, Chairperson  
Sixth District, EMSCNJ  
2 Halsted St  
Verona, NJ 07044

Lastly the committee will be contacting your squad Captain for a recommendation letter during the month of March. Please make sure your Captain is aware of this so the recommendation letter is received in a timely manner.

Name of your High School: \_\_\_\_\_

Name of your Squad Captain: \_\_\_\_\_