



Arkansas EMS Foundation Scholarship Application

Applicant Name: _____ SSN _____

Address, City, State, Zip _____

Home Phone _____ Daytime Phone _____ Marital Status _____ No. of Dependents _____

EDUCATION: Circle the highest grade completed High School 9 10 11 12 GED College 1 2 3 4

If applicable EMS Program attended: _____

Current Arkansas EMS Certification Number: EMT-Basic# _____ EMT-Intermediate # _____ Not Certified _____

Other State Certification: _____

National Registry Certification Number: EMT-Basic # _____ EMT-Intermediate # _____ Not Certified _____

EMPLOYMENT INFORMATION: Current Employer _____

Address _____ Phone # _____ Hire Date _____

Contact Person _____ Your Position _____

Your Spouse's Employer _____ Position _____

EMS PROGRAM INFORMATION: Level of Scholarship requested: _____ EMT Basic (\$500) EMT Paramedic (\$1000)

Deadline for application is July 31, 2011

EMT-Paramedic must hold current EMT Certificate

Which EMS Program/School do you plan to attend? _____

Are you currently enrolled? _____ Yes _____ No Are you admitted to the EMS Program? _____ Yes _____ No

School Address _____

Contact/Instructor _____ Phone Number _____

Financial Aid Officer _____ Phone Number _____ Fax Number _____

AFFIDAVIT: As an applicant for the Arkansas EMS Foundation Scholarship, I hereby certify that the information contained herein is true and correct and I grant the Arkansas EMS Foundation Scholarship Committee permission to verify any and all information I have provided. If I receive an Arkansas EMS Foundation Scholarship, I commit to seek and obtain Certification as an Arkansas EMT-A __, or EMT-P __, upon completion of this program.

Applicant's Signature _____ Date _____

APPLICANT'S FINANCIAL STATEMENT

Use 2009 Tax Returns and W2 Statements

Your Annual Gross Income	Spouse's Annual Gross Income	
		Total Income
Yours \$	Spouse's \$	\$
Joint Adjusted Gross Income (From IRS Tax Form)		\$
Assets: Cash on Hand and in Checking Accounts		\$
Cash in Savings and Loan Assoc.		\$
Cash Value of Life Insurance Holdings		\$
Cash Value of Real Estate Holdings (Equity Only)		\$
Cash Value of automobiles You Own (Equity Only)		\$
Total Assets		\$
Liabilities: Real Estate Mortgages Payable		\$
Total Note (loans) Payable (Auto, Credit Cards, etc)		\$
Accrued Taxes/Interest Payable		\$
Total Annual Child Support/Alimony Payments		\$
Others		\$
Total Liabilities		\$

Please send completed application to:

Arkansas EMS Foundation
 Brenda Stewart
 374 Avon Road
 De Queen, AR 71832