



## 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 30, 2008**

**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 2007 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)		\$
<b>Assets:</b> 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)		\$
<b>Total Assets</b>		\$
<b>Liabilities:</b> Real Estate Mortgages Payable		\$
Total Note (loans) Payable (Auto, Credit Cards, etc)		\$
Accrued Taxes/Interest Payable		\$
Total Annual Child Support/Alimony Payments		\$
Others		\$
<b>Total Liabilities</b>		\$

Please send completed application to:

Arkansas EMS Foundation

1701 Dave Ward Drive #105

Conway, Arkansas 72034