



# MEMSA SCHOLARSHIP APPLICATION



**Please print or type**

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Current MEMSA Member \_\_\_ Yes \_\_\_ No

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

EMS Affiliation \_\_\_\_\_

Employer \_\_\_\_\_ # Hours Worked Per Week \_\_\_\_\_

Employer's Address \_\_\_\_\_

*If scholarship is awarded, social security number will be required.*

(Date of Employment) \_\_\_\_\_ (Annual Gross Income) \_\_\_\_\_ (Annual EMS Income) \_\_\_\_\_

How did you learn about this scholarship? \_\_\_\_\_

Check if you have previously applied for or received a MEMSA scholarship:

\_\_\_\_\_ Applied for MEMSA Scholarship      \_\_\_\_\_ Received MEMSA Scholarship

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**Educational Program Information**

Name of Institution \_\_\_\_\_

Type of Program \_\_\_\_\_

Location (City) \_\_\_\_\_ Tuition \_\_\_\_\_

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**For MEMSA Office Use Only**

Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Approval Recommended \_\_\_\_\_ Amount \$ \_\_\_\_\_ Not Recommended \_\_\_\_\_

\_\_\_\_\_  
(Signature of Committee Member)

\_\_\_\_\_  
(Signature of Committee Member)

# MEMSA Scholarship Guidelines



## **Purpose:**

Scholarships are awarded each year to provide financial help to students training for Emergency Medical Services.

## **Eligibility:**

MEMSA sponsors student EMT-B's and student EMT-P's. Other disciplines may be considered if the focus is Emergency Medical Services.

## **Process:**

MEMSA solicits applications and selects the winner(s) based on availability of funds and the need of the students(s). The MEMSA President appoints a chairperson to head the Scholarship Committee. The Scholarship Committee Chairperson then acquires people to serve on the committee. The Chairperson and Committee recommend the winners. The MEMSA Board of Directors approves the scholarships at regularly scheduled board meetings.

## **Requirements:**

Complete the reverse side of this form in its entirety. All applications must have the following items attached:

- 1) A statement of your reason(s) for applying for this scholarship. Describe your need for financial assistance. Include a description of other financial resources to be used to achieve your continued education plan.
- 2) Include two letters of recommendations.

*Although proof of enrollment is not necessary to apply for a scholarship, it will be required prior to the scholarship being awarded.*

- Scholarships may be awarded after the start of semester.
- Scholarships are usually acted upon at Board of Directors' meetings held in odd months.

## **NOTE:**

Scholarship winners who fail to complete their program may be required to return the scholarship. Direct any questions about this application to MEMSA at (888) 410-1557.

## **Mail to:**

MEMSA  
425 East High Street  
Jefferson City, MO 65101

