



APPLICATION FORM

Name of Applicant: _____ S.S. # _____

Address of Applicant:

Present: _____

E-mail: _____

Telephone Numbers: Present : () _____ Permanent: () _____

Employer:

Name: _____

Address: _____

Applicant certifies that applicant is:

1. ___ A resident of Pennsylvania.
2. ___ Not a previous winner of an award
3. ___ Is eligible to work in the United States.

All of the following documents are required to complete this application. If not attached, please explain.

Attached:

Yes No

___ ___ **Confirmation of enrollment in a training program accredited by the governing agency of EMS**
in the Commonwealth including the dates for which the grantee will be enrolled in the program
(beginning and ending).

___ ___ **A statement describing my participation in EMS and community activities both past and present,**
indicating any honors received.

___ ___ **One or more letters of recommendation** from faculty members, administrative officials or
community leaders evaluating my ability, performance, and leadership potential.

___ ___ **A statement describing my reasons for** requesting this award.

___ ___ **A certified copy of your transcript.** (required when funds are to be used for credit tuition).

If no, reason: _____

Signature _____ Date _____