

# Jackson County First Responder Scholarship

## Application Form

Please type or print your answers clearly. Only complete and legible applications will be considered.		
1. Last Name:	First Name:	
2. Email address:		
3. Mailing Address:		
Street:		
City:	State:	ZIP:
4. Daytime Telephone Number:		
5. Date of Birth: Month	Day	Year
6. I certify that I am a United States Citizen or a permanent resident of the United States of America (Circle one)      YES      NO		
7. Current school I am enrolled in or school last attended (if applicable):		
8. Course you wish to attend:		
9. Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. (Only applicable if still claimed as a dependent by parents)		
Name (s):		
Street:	City:	State:
ZIP:		
Home phone of parents or legal guardians:		

10. List your community service activities, hobbies, outside interests, and extracurricular activities (Please attach any additional documentation):

11. Personal Essay

In a minimum one page essay please answer the following question:

- What role do you play/how do participate in the EMS/Jackson County community?
- How will this course you're applying for help you to be a stronger member of the EMS community?

12. A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.

B. Only complete and legible applications will be considered. (No exceptions.)

C. Attachments Checklist:

\_\_\_\_ Two (2) character references with signatures. Include these letters in sealed envelopes.

\_\_\_\_ Essay

\_\_\_\_ Required signatures (Training Officer and Department Chief)

**STATEMENT OF ACCURACY**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Jackson County First Responder scholarship program. I hereby understand that if chosen as a scholarship winner, according to Beckwith/Taylor Scholarship policy, I must provide evidence of enrollment/registration in a Landmark Learning Course before my scholarship funds can be awarded.

- I acknowledge this Scholarship will award \$1600.00 towards a Landmark Learning base managed EMT Basic course of 20 days length or greater
- This Scholarship may only be applied for once per year
- This Scholarship is non-transferable and is only applicable to the applicant

Signature of scholarship applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_