



Bill Petty SCEMS Memorial Scholarship Application

Incomplete applications will not be considered

Applicant Name _____

Address, City, State, Zip _____

Daytime Phone _____ Other Phone _____

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

Current Tennessee EMS License Number _____

Other State Licenses/Certifications _____

EMPLOYMENT INFORMATION: Current Employer: _____

Address _____ Phone _____ Hire Date _____

Contact person _____ Your Position _____

EMS PROGRAM INFORMATION: Level of scholarship requested:

- EMT Basic – Potential of up to \$2,000
- Paramedic – Potential of up to \$2,000
- Advanced EMT - Potential of up to \$2000
- CCEMT-P - Potential of up to \$500

EMS Program Name _____

Program Address _____

Instructor: _____ Phone Number _____

AFFIDAVIT: As an applicant for the Bill Petty Memorial Scholarship, I hereby certify that the information contained herein is true and correct and I grant the SCEMS Scholarship Committee permission to verify any and all information I have provided.

Applicant's Signature Date

If you will be receiving any other funds (grants, loans, scholarships, etc. Please disclose below. If none, write "None." If your employer is paying for your EMS program, such must be listed below.

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Date Received _____

Letter- Supervisor Rec'd ___ Yes ___ No

Letter- Recommendation ___ Yes ___ No

Employer Verified ___ Yes ___ No

Application is legible ___ Yes ___ No

Scholarship Awarded

___ EMT ___ A-EMT ___ EMT-P ___ CCEMT-P

Amount _____

Scholarship Denied ___ Yes Reviewer _____

Application Checklist

___ Completed and signed BPMS application

___ A single page typewritten essay explaining why they wish to pursue an EMS career or to further their training.

___ A minimum of 2 letters of recommendation with required information from current supervisor and one other recommendation.