New Mexico EMS Fund Act Special Projects

Continuing Education Scholarship Application for FY 17 (01 July 2016 – 30 June 2017)

Instructions: Every question must be answered. If a section does not apply, put N/A in the blank. Only one (1) scholarship per person!

Incomplete applications will NOT be accepted!

Please email, mail or fax the completed application to the following:

CONTINUING EDUCATION SCHOLARSHIP EMS REGION III PO BOX 1895 CLOVIS. NM 88102-1895

PHONE: (575) 769-2639 FAX: (575) 769-3485

Please follow all instructions, answer all questions, and complete all forms. If you have any questions, or need assistance in the application process, please contact Brandie Bray at brandie@emsregion3.org

Applicant/Contact: (PLEASE PRINT OR TYPE CLEARLY) First Name: _____ Last Name: _____ Address: _____ Telephone #: _____ Fax #:_____ City: _____ State: _____ Zip Code: ____ Email: Do you reside in New NO YES Mexico? **Affiliation**: (PLEASE PRINT OR TYPE CLEARLY) Telephone #: Agency/Service: Volunteer: Paid: Contact Person: _ Education Offering: (PLEASE PRINT OR TYPE CLEARLY) Contact Person: _____ Course Name: Title: _____ Telephone #: _____ Course Location: City: _____ Fax # : _____ State: _____ Zip Code: _____ Email: _____ Justification for Scholarship Assistance: (PLEASE PRINT OR TYPE CLEARLY)

If additional space is needed for justification, use no more than 1 additional page