## **New Mexico EMS Fund Act Special Projects**

Continuing Education Scholarship Application for FY 15 (01 July 2014 – 30 June 2015)

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 3 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 Abernathy at <a href="mailto:brandie@emsregion3.org">brandie@emsregion3.org</a>

Applicant/Contact: (PLEASE PRIN	T OR TYPE CLEAR	LY)			
First Name:		Last Name:			
Address:					
City:					
State: Zip Code:					
Do you reside or provide EMS services in the Region III area?	YES		NO		
Affiliation: (PLEASE PRINT OR TYPE	CLEARLY)				
Agency/Service:		Telephone # :			
Contact Person:			Volunteer:	Paid:	
Education Offering: (PLEASE PRINT OR TYPE CLEARLY)					
Course Name:			t Person:		
		Title:			
Course Location:					
City:		Fax # :			
State: Zip Code:		Email:			
Justification for Scholarship A					
If additional space is	needed for justific	ation, use r	no more than 1 addition	nal page	