New Mexico EMS Fund Act Special Projects

Continuing Education Scholarship Application for FY 24 (01 July 2023 – 30 June 2024)
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 I & 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

Address: Zip Cod Do you reside in New Mexico?		Telephone #: Fax # : Email:	
State: Zip Cod Do you reside in New Mexico?	le:	Email:	
State: Zip Cod Do you reside in New Mexico?	le:	Email:	
Mexico?	YES	NO	
A (()) - ()	·	NO	
Affiliation: (PLEASE PRINT OR TYPE (CLEARLY)		
Agency/Service:		Telephone # :	
Contact Person:		Volunteer:	Paid:
Education Offering: (PLEASE PRIN	IT OR TYPE CLEA	RI Y)	
CourseName:		Contact Person:	
		Title:	
Course Location:			
City:		Fax # :	
State: Zip Code:			
Justification for Scholarship A	ssistance: (PL		