New Mexico EMS Fund Act Special Projects

Continuing Education Scholarship Application for FY 25 (01 July 2024 – 30 June 2025)

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

Applicant/Contact: *(PLEASE PRINT OR TYPE CLEARLY)*

First Name: _____	**Last Name:** _____
Address: _____	**Telephone #:** _____
City: _____	**Fax # :** _____
State: _____ **Zip Code:** _____	**Email:** _____

Do you reside in New Mexico?	**YES**		**NO**	

Affiliation: *(PLEASE PRINT OR TYPE CLEARLY)*

Agency/Service: _____	**Telephone # :** _____			
_____				
Contact Person: _____	**Volunteer:**		**Paid:**	

Education Offering: *(PLEASE PRINT OR TYPE CLEARLY)*

CourseName: _____	**Contact Person:** _____
_____	**Title:** _____
Course Location: _____	**Telephone #:** _____
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