

**JACOB'S MEMORIAL SCHOLARSHIP FUND
(EMS, Fire & Nurses)**

One-year scholarships, in an amount to be determined on an annual basis by the Fund Trustees, approved by the Board of Directors of EMS Region III, will be awarded under the following guidelines:

ELIGIBILITY

1. Available to active members receiving service from EMS Bureau, State Fire Marshall of NM.
2. Scholarships to be granted to attend an accredited vocational school, technical school, college or university, hereafter referred to as the "institution".
3. Applicant must be an active member, and in good standing from their Department
4. Applicant must be of good character as evidenced by a minimum of two letters of recommendation of which one (1) must be from a supervisor, co-worker.

Submission of Letters of Recommendation: Letters of recommendation should be sent as pdf files (with the name of the applicant as part of the file name) directly from the supervisor, co-worker to mshaw@emsregion3.org. Alternatively, letters can be mailed to EMS Region III, Jacob's Memorial Scholarship Fund at the mailing address below. The letter should indicate the capacity in which the letter writer knows the applicant, e.g. as a student, employee, or other capacity.

5. Please submit a letter on how your licensure would affect your community and local area. How long do you plan on living in your area?
6. Applications must be received no later the 5:00PM, April 10, 2015. Awardees will be notified by letter.
7. The Jacob's Scholarship Awards are awarded without regard to race, sex, religion, age, national origin or sexual orientation. EMS Region III will not award scholarships to applicants who are not qualified and reserves the right not to award a scholarship in a given year.
8. Submission of Application Form. Fill the application out completely electronically, then "Save a Copy". Note that the application requires a signature. You may provide an electronic signature, or print out the completed application, sign it and either scan it as a pdf or mail in the printed application.
9. Once you have completed and passed your courses you will need to provide course completion certificate and provide a copy of your licensure to EMS Region III, PO Box 1895, Clovis, NM 880102-1895 and you will receive your funds for your scholarship that has been awarded.

For the statement of qualifications and education and career goals, you may use the page included in this application form, or attach a separate page.

Questions about the application process may be directed to mshaw@emsregion3.org or 575-769-2639.

These are one-year scholarships. Person who wishes to receive a future scholarship must re-apply each year. Scholarships will be awarded on the criteria set forth above.

Send application to:

**EMS Region III
Jacob's Memorial Scholarship Fund
PO Box 1895
Clovis, NM 88102-1895**

Jacob's Memorial Scholarship Fund

Application Form

A. General Information

Applicant First Name _____ Last Name _____

E-mail address _____

Home Address _____

City _____ State _____ Zip/Postal Code _____

County _____ Phone Number _____

B. Education Information

School you will be attending _____

Major _____

School Address _____

City _____ State _____ Zip/Postal Code _____

County _____

Check the class you will be in next : EMT-Basic EMT-Intermediate Paramedic Nursing
 First Responder Fire

Expected Graduation Date _____

Degree Expected _____

C. Employment Information

Please list your employment history, including dates, starting with your most recent job.

Date	Company Name	City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Application Statement

The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that any false statement on this application will disqualify me from the scholarship.

Applicant's Signature: _____ **(Date)** _____

Note that all application materials must be received by April 10, 2015.

