

Continuing Education Scholarship Application for FY 18 (01 July 2017 – 30 June 2018)
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!

**CONTINUING EDUCATION SCHOLARSHIP
EMS REGION III
PO BOX 1895
CLOVIS, NM 88102-1895
PHONE: (575) 769-2639 FAX: (575) 769-3485**

Applicant/Contact: (PLEASE PRINT OR TYPE CLEARLY)

Affiliation: (PLEASE PRINT OR TYPE CLEARLY)

Education Offering: (PLEASE PRINT OR TYPE CLEARLY)

CourseName: _____ _____ Course Location: _____ City: _____ State: _____ Zip Code: _____	Contact Person: _____ Title: _____ Telephone #: _____ Fax # : _____ Email: _____
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Justification for Scholarship Assistance: (PLEASE PRINT OR TYPE CLEARLY)

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