JACOBS / SHAW 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:

ELIGILBILITY

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. The applicant must be an active member and in good standing in 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 name of the applicant as part of the file name) directly from the supervisor, co-worker to brandie@emsregion3.org. Alternatively, letters can be mailed to EMS Region III, Jacobs/Shaw 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 to live in your community/area?

6. Applications must be received no later than 5:00 p.m., _____. Awardees will be notified by letter.

7. The Jacobs/Shaw 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 each year.

8. Submission of Application form: Fill the application out completely electronically, the "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 file 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, P.O. Box 1895, Clovis, NM 88102-1895 and you will receive your funds for your scholarship that has been awarded.

10. Course fees that are paid by the department will be reimbursed by the Scholarship Fund to the Department.

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 brandie@emsregion3.org or 575-769-2639.

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

Send application to: EMS Region III
Jacobs/Shaw Memorial Scholarship Fund
P.O. Box 1895
Clovis, NM 88102-1895

JACOBS / SHAW MEMORIAL SCHOLARSHIP FUND

APPLICATION

GENERAL INFORMATION

Applicant First Name: _____ Last Name: _____

Email Address: _____

Home Address:_____

City: _____ State: _____ Zip Code: _____

County: _____ Phone number: _____ Cell: _____

EDUCATIONAL INFORMATION

School you will be attending: _____ Major: _____

School address: _____ County: _____

City: _____ State:_____ Zip Code: _____

Check the class you will be in next: [ ] EMT-Basic **[ ]** EMT-Intermediate **[ ]** Paramedic

[ ] First Responder [ ] Fire [ ] Nursing

Expected graduation date: _____ Expected Degree: _____

EMPLOYMENT INFORMATION

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

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

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 THE DUE DATE

Send application to: EMS Region III
Jacobs/Shaw Memorial Scholarship Fund
P.O. Box 1895
Clovis, NM 88102-1895