

Geoffrey T. Corbin Scholarship Application for EMT/ Paramedic Training

Name: Last _____ First _____ Middle _____

Address: Street _____ City _____ ST _____ Zip _____

Phone Number: _____ Cell Phone: _____

Email Address: _____ Social Security Number: _____

Education:

High School _____ City: _____ ST: _____

Graduation Year: _____ Cumulative GPA: _____

College: _____ City _____ ST: _____

Graduation Year: _____ Cumulative GPA: _____

EMT/Paramedic Program you plan to attend: _____

Have you been accepted into the program: Y N Program dates: _____ Cost of program: _____

Brief Description of Work Experience: _____

Describe in 150 words why you want to be an EMT/Paramedic and how this award will help you reach your goals: (May attach an additional sheet if needed.) _____

Date: _____ Signature: _____

For Billings Clinic Foundation use only:

Committee Recommendation: _____ Amount _____

Reason if not approved: _____

Please return completed application to:

Billings Clinic Foundation

P.O. Box 31031 Billings, MT 59107

If you have questions, please call 406-657-4642 or e-mail: jdodd@billingsclinic.org

Applications must be received by November 9, 2011