



Geoffrey T. Corbin

EMS Scholarship Application

2020 Scholarship Application Form

Application Deadline End of Business Day, January 22, 2021.

*To be eligible for consideration, all documents must be submitted in the format as shown on this application. ***Please save this application to your computer before you begin.***

NAME:

Last First Middle

DOB:

ADDRESS:

Street City ST ZIP

Primary Phone # Email

EDUCATION:

High School City Graduation Year

High School Cumulative GPA*

COLLEGE:

Name of college City ST ZIP

Expected Graduation Date (MM/YY)

College Cumulative GPA*

TYPE OF EMT/Paramedic Program: (check one)

- Big Sky EMS Symposium
- Vocational/Technical School EMS program
- Two Year Junior or Community College
- Other EMT & EMR Training (Please list program) _____

Type of EMS Career you are pursuing: (check one)

- Dispatcher
- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician
- Paramedic
- Other: (Please list)

Have you been accepted into an EMS program?

Program dates:

Cost of program:

WORK EXPERIENCE: Describe your work and volunteer experience during the past three (3) years and how this will help you in the Emergency Medical Services (EMS) fields. No attachments accepted.

Company Name/Address	Position	Date (from/to)
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Please use this space to share if there is something unique about you or your family that you would want the scholarship committee to know as they consider your application.

In 250 words or less, why do you want to pursue a career in Emergency Medical Services (EMS) and what qualities do you possess to succeed in your chosen career?

All applicants sign below:

I certify that the information provided is complete and accurate to the best of my knowledge.

Applicant's Signature

Date

(Your Electronic signature represents an original signature for this purpose)

Please submit in an email in **one package**:

One (1) copy of this completed application with your original signature.

- **To save this application with your information:** Download the PDF application to your computer. Fill out application. Save a copy to your computer. Attach the saved document with your information to the email.

One (1) copy of most recent official high school transcript or G.E.D. and current college transcript, if applicable. (Non-official transcripts are acceptable and may be an electronic version)

Please email **complete** package to the following email address.

spratt@billingsclinic.org

Or

Mail **complete** package to the following address.

Scholarship Committee
Billings Clinic Foundation
PO Box 31031
Billings, MT 59107

Scholarships are awarded to Individuals who exhibit a strong desire and the potential to excel in the health care field.

Must be postmarked by January 22, 2021. Late or incomplete applications will not be considered.

Equal Opportunity: Billings Clinic Foundation awards scholarships without regard to race, religion, creed, age, sex or national origin.