

Instructions:

Please read the accompanying requirements for each scholarship and submit all necessary documentation all together with your application. Please check off below on left which scholarship you qualify for and are applying. The Scholarship Committee has the final determination in awarding the scholarships. Your scholarship award will be issued to you upon receipt of your fall 2022 tuition statement. **All parts of the scholarship must be mailed certified/return receipt requested and post marked no later than April 30th, 2022.** Applications should be mailed to Mr. Chuck Parodi, 48 West Grove Avenue, Maywood, New Jersey 07607-1548. Any further inquiries can be answered by calling 201-843-6966.

Indicate below which scholarships you are apply for. For all scholarships applicants must be a graduating high school senior or presently attending a college or vocation school. The applicant must be an EMT certified riding member of an EMS squad or child of an EMT certified riding member of an EMS squad.

- Letters of recommendation: Two letters of recommendation are required. One letter should be from the captain of the EMS squad for which you or your parent are a member. The second letter must be from a high school or college teacher you had as an instructor. Letters must be signed by recommending person and include an address and telephone number where they can be reached.
- Transcript: You must include your high school transcript (including senior year classes), class ranking (if available) GPA, and if graduated from high school, a transcript of present institution of higher learning you are attending.
- Test Scores: SAT or ACT scores
- EMT card: you must include a copy of your EMT card, or if applying as a child of an EMT, the parents EMT card.
- Essay: Complete and include Essay #1,#2 or #3 on a separate piece of paper.

_ Robert D. Cirri Memorial Scholarship

This is sponsored and given by Hackensack University Medical Center of Hackensack, New Jersey. Applicants may be a graduating high school senior or presently attending a college or vocational school. The applicant must be an EMT certified riding member of an EMS squad or child of an EMT certified riding member of an EMS squad.

___ Emil Yannetti Memorial Scholarship

This is sponsored and given by the 24th district of the EMS Council of NJ; this scholarship is open <u>ONLY</u> to persons whose squad is a member of the 24th District, NJSFAC.

_ William DeLooper Memorial Scholarship

This scholarship is sponsored and given by VCI Emergency Vehicles Specialists of Berlin, New Jersey. This scholarship is open to all persons whose squads are members in good standing with the NJSFAC.

_ Walter L. Friedrichs Memorial Scholarship

This scholarship is sponsored and given by V.E. Ralph Emergency Medical Products of Kearny, New Jersey. This scholarship is open to all persons whose squads are members in good standing with the NJSFAC.

Mary and Edward Ehrenberg Memorial Scholarship

This scholarship is sponsored and given in memory of Mary and Edward Ehrenberg of Paramus, New Jersey by their daughter Irene A. Fortunato and grandson, Edward P. Abramov. Longtime residents of Paramus, NJ, they collectively lived 180 years and in later life depended heavily on their town's EMS services. Preference will be given to applicants who are members of the Paramus Volunteer Ambulance Corps or Paramus Emergency Medical Services followed by neighboring EMS Council of New Jersey squads. This scholarship is open to all persons whose squads are members in good standing with the NJSFAC. Those applicants for this scholarship should follow the requirements listed under the above Robert D. Cirri Memorial Scholarship.

Complete the following (type or print neatly)

Name of applicant			
	(last)	(first)	(middle)
Home address			
	(num)	per & street)	
Home phone	Cell phone		
Date of birth			
Name of high school attended	ded		
	copy of your high school transc stitute of higher learning, please		classes, SAT or ACT scores, GPA, and class his school.
Father's name		Occupation	
Mother's name		Occupation	
Parent's marital status:	married o	livorced separate	ed
List brothers and sisters su	pported by your parents:		
Name		Age	Relationship
List school activities. Incl name for each activity.	ude such activities as clubs, athle	tics, class office held, etc. Indi	cate what years participated and advisor's
ACTIVITY	POSITION HELD	YEARS	ADVISOR'S NAME

EMPLOYER	POSITION HELD	YEARS	SUPERVISOR'S NAME
List work experience			
EMPLOYER	POSITION HELD	YEARS	SUPERVISOR'S NAME
	/		
	/ recognition you have recei	vea:	
What course of stud	ly do you plan to take in co	llege?	
List the college/univ	versities (in order of preferen	ce) to which you have app	blied:
College/university		Tuition per year	Room & Board per year

List community activities. Include such activities as scouting, church organization, service activities, etc

Applicant's ambulance squad service/training:

Name of squad: ______

Length of service on squad: ______ years _____ months

Training certification: attach a copy of applicant's EMT and CPR certification Please list any positions held or recognition given to you by your squad:

Parent of applicant's ambulance squad affiliation (if applicable):

Name of squad of which parent is an active member:

Parent's length of service on squad: ______ years _____ months

Attach copy of parent's current EMT certification.

List any position held by parent in their respective squad and/or NJSFAC:

Essay: Answer any one of the following statements in a well-written essay format:

Essay #1 Explain why you joined an EMS squad and how it has affected you in terms of attitude, responsibility, maturity, and self-esteem.

Essay #2 List three problems facing most EMS squads in New Jersey today. After identifying these problems, realistically give possible solutions in how you would address these problems.

Essay #3 After discussing with your parent why he/she joined their respective squad, write an essay on how being an EMT has affected his/her life. Include both the positive and negative aspects that come with membership

Applicant Certification

I certify that the above information is accurate and complete, and that any financial support received from 24th District Scholarship fund will be used in my education in an accredited college, university or trade school. I acknowledge that the above information will be verified by the Selection Committee, and any misrepresentation will be grounds for immediate disqualification from consideration for the Scholarship.

I hereby give the express permission to The 24TH DISTRICT OF THE EMS Council of New Jersey to share any or all of the information/data I have provided in support of this application with members of the Selection Committee.

Signature of applicant _____ Date____

e_____

Officer Certification (Completed by Squad Personnel Only)

I am the	of the	First Aid/Rescue Squad, and I attest that
	the applicant to the Selection	bd standing with our organization. I agree to provide a letter of on Committee. I further attest (IF APPLICABLE) that our Squad is a t Aid Council (submission and acceptance of Annual Reports, Dues &
Signature of Captain or Presid	lent	Date
Cell Phone ()	E-Mail Addr	ess