**Regional Award for Outstanding**

**Contribution to EMS by a Student**

**Nomination Form**

This competitive $1,000 scholarship will be awarded to a high school senior, or recent high school graduate or GED recipient who is 21 years of age or under, and is currently affiliated with an EMS agency, and has been affiliated for at least 90 days, and is currently enrolled or will be enrolled in an institution of higher learning or an accredited ALS training program in the coming year.

**\_\_✓\_\_** Award for Outstanding Contribution by a High School Senior, or GED Recipient (Scholarship)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Name:** |  | | | | | |
| **Address:** | Street: | | | | | |
|  | City: | | State: | | | Zip: |
| **Email:** |  | | | | | |
| **Agency Affiliation:** |  | | | Member since: | | |
| **Applicant Certification Number:** |  | | | | | |
| **Phone:** | Home: | | | Cell: | | |
| **High School GPA:** | Current Cumulative: | | | GPA (point scale bases): | | |
| **Anticipated High School Graduation Date:** | Month/Year | | | | | |
| **Anticipated Higher Education/ALS Institution:** | |  | | | | |
| **Anticipated Higher Education/ALS Institution Start Date:** | | Month/Year | | | | |
| **Proposed Major/Area of Study:** | |  | | | | |
| **Regional EMS Council:** | |  | | | | |
| **Parent/Legal Guardian** | | Name: | | | Phone number: | |

**Checklist of items that must accompany this application form:**

* Proof of the applicant’s affiliation with a Virginia licensed EMS agency. Statement on agency letterhead can be included as part of one of the letters of recommendation.
* A copy of the applicant’s official high school or GED transcript (no minimum GPA or GED score is required, but will be considered in evaluations)
* At least two letters of recommendation attesting to the nominee’s academic and/or EMS performance, which is consistent with the highest standards. One of the two letters of recommendation must be from an agency officer attesting to the applicant’s level of activity within the agency.
* **Photo Required:** A high-resolution digital photo of the nominee **must** be included. Try to send a color photo (with good lighting) and just the nominee in it.

**In your own words, please answer the following questions. Each answer should be 250 words or less.**

1. What do you like most about being involved in EMS and what impact does that have on your community?
2. How do you balance your schoolwork and other academic commitments, your EMS work and your other obligations?
3. Do you plan to have continued involvement in EMS or in healthcare? Please explain your answer.
4. If given the opportunity, what would you do to improve the EMS system in Virginia? How do you envision the improvement?

Signature: Date:

**Don’t forget to include:**

* **Proof of applicant’s affiliation with a Virginia licensed EMS agency.**
* **A copy of applicant’s official high school transcript.**
* **At least two letters of recommendation attesting that the nominee’s academic and/or EMS performance is consistent with the highest standards.**
* **A high resolution digital photo of the nominee.**

**This application will not be accepted if the above mentioned articles are not included upon submission.**