

EMS Scholarship Application

APPLICANT INFORMATION

First/Last Name _____

Email Address _____

Cell Phone _____

Home Address _____

City _____ **Zip Code** _____

My service community (please check one)

_____ Brooklyn

_____ Grinnell

_____ Montezuma

_____ Other _____

Volunteer start date _____

Will service be assisting with costs

Yes _____ No _____

I am pursuing (please check one)

EMT _____ Paramedic _____

Name/Location of Training Program _____

Please briefly describe why you are pursuing this education:

Also required: Letter of recommendation from your service director

Return to: UnityPoint Health - Grinnell **Or Email:** GRMC_info@unitypoint.org
Attention: Administration
210 4th Ave, Grinnell, IA 50112