## EMS Scholarship Application

### APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>First/Last Name</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Home Address</td>
<td></td>
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<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
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</tbody>
</table>

### My service community

(please check one)

- [ ] Brooklyn
- [ ] Grinnell
- [ ] Montezuma
- [ ] Other

### Volunteer start date

__________________________

### Will service be assisting with costs

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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### I am pursuing

(please check one)

- [ ] EMT
- [ ] Paramedic

### Name/Location of Training Program

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**Please briefly describe why you are pursuing this education:**

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**Also required:** Letter of recommendation from your service director

### Return to:

UnityPoint Health - Grinnell  
210 4th Ave, Grinnell, IA  50112  
Attention: Administration

### Or Email:

GRMC_info@unitypoint.org