**Application for Paramedic Scholarship**

Sponsored by

**N**ew **H**ampshire Chapter of the

**A**merican **C**ollege of **E**mergency **P**hysicians

Purpose: to show NHACEP support for quality education in Paramedic studies and pre-hospital education in NH.

Amount: One $500.00 award

Criteria for Application:

* You must be enrolled in a fully accredited NH Associates degree program as a Paramedic student full-time or part-time (6 or more credit hours per semester)
* NH resident for 3 year (military service excepted)
* Grade point average of 3.2 or higher (enclose transcript)
* Two letters of recommendation
* Active class participation, exhibiting compassion, respect, leadership and solid interpersonal skills
* Completed application

Due Date: **April 15th** preceding the academic year requested.

Please send to: Joy Potter

NHACEP

7 North State St

Concord NH 03301

APPLICANT INFORMATION (Please Print)

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First Name Int. Last Name

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Street Address and Box Number

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City State Zip Code

Telephone Number (\_\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

New Hampshire Residency Status;

Is the applicant a legal resident of New Hampshire? [ ] Yes [ ] No

If yes, since \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Month Day Year

Military Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENROLLMENT INFORMATION

Name of School or College you are attending:

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Print the full name of the school or college

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

Anticipated Graduation Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANTS' GOALS: (may use a separate sheet of paper if needed)

Why do you want to be a Paramedic? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What qualities and special skills do you believe you bring to Emergency Medical Services?

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What are your professional goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Where do you see yourself in Emergency Medical Services in five years time?

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