

**2020 Marianne Willis 477 Scholarship Application**  
**FOR PARAMEDIC STUDENTS ONLY**

This application must be completed and returned no later than September 15, 2020 to:

The EMS Council of New Jersey  
Attn: Marianne Willis Scholarship Applications  
c/o Kenneth Weinberg  
P.O. Box 347  
Pittstown, NJ 08867

Any questions regarding this application or the scholarship program can be addressed by emailing [ken.weinberg@comcast.net](mailto:ken.weinberg@comcast.net)

**APPLICANT INFORMATION:**

**Part 1**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

**Part 2**

EMS Affiliation(s): \_\_\_\_\_

\_\_\_\_\_

Organization(s): \_\_\_\_\_

\_\_\_\_\_

Total length of EMS service(s) years: \_\_\_\_\_

Average number of service hours per week: \_\_\_\_\_

Average number of service hours per month: \_\_\_\_\_

Indicate your current certifications (EMT, CPR, First Responder, etc): \_\_\_\_\_

\_\_\_\_\_

Additional certifications/education/leadership positions/awards/special recognition: \_\_\_\_\_

\_\_\_\_\_

Captain / President / Advisor: \_\_\_\_\_

Telephone: \_\_\_\_\_



**Part 5**

**Note: Information provided will be confirmed by the selection committee. Any misrepresentations by the applicant will be grounds for disqualification from the scholarship.**

**APPLICANT CERTIFICATION**

I certify that the above information is true and adequate. I further agree that any financial support that I receive will be used to further my secondary education in the EMS field.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Part 6**

**AFFILIATION CERTIFICATION**

I am currently the \_\_\_\_\_ of the \_\_\_\_\_  
Captain/President/Advisor Organization

and can attest that \_\_\_\_\_ is a member in good standing in our  
Applicant

Organization. I also agree to forward a letter of recommendation on behalf of the applicant to the selection committee.

Signature of Captain / President / Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

**Chief/Captain/President – Certification of Squad's Eligibility to Participate**

Dues Paid.....Signature

Ambulance Inspected.....Signature

Annual Report Completed.....Signature

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Please do not write below this line. For committee use only.

Date application received: \_\_\_\_\_

Information verified: \_\_\_\_\_

Confirmation sent: \_\_\_\_\_

Date of final notification: \_\_\_\_\_