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**The EMS Council of New Jersey**  
**The Gail Lawrence Memorial Scholarship Fund**  
**Medicine Related Graduate School Scholarship Application**  
**DUE DATE – MARCH 15, 2025**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ Date of Birth \_\_\_\_\_

State & Zip \_\_\_\_\_

Current Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

High School you graduated from \_\_\_\_\_ Year \_\_\_\_\_

College your undergraduate degree is from \_\_\_\_\_ Year \_\_\_\_\_

What was your undergraduate major? \_\_\_\_\_

Graduate College you are attending? \_\_\_\_\_

What is your graduate major? \_\_\_\_\_

What is your grade point average? \_\_\_\_\_

Provide undergraduate transcripts and transcripts to date from graduate school.

Are you or have you ever been a member of a first aid or rescue squad \_\_\_\_\_

If yes, please specify \_\_\_\_\_

Dates you were a member from \_\_\_\_\_ to \_\_\_\_\_

Are you related to or know any member of a first aid or rescue squad? \_\_\_\_\_

If yes, please identify the person, squad and your relationship \_\_\_\_\_

\_\_\_\_\_

Estimated income for this year \$ \_\_\_\_\_

How are you financing your graduate education? \_\_\_\_\_





Officer Certification (Completed by Squad Personnel Only)

I am the \_\_\_\_\_ of the \_\_\_\_\_ First Aid/Rescue Squad, and I attest that \_\_\_\_\_ is a member in good standing with our organization. I agree to provide a letter of recommendation on behalf of the applicant to the Selection Committee. I further attest that our Squad is a member in good standing with the New Jersey State First Aid Council (submission and acceptance of Annual Reports, Dues & Standards inspections).

Signature of Captain or President \_\_\_\_\_ Date \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**ALL APPLICATION MATERIALS, INCLUDING RECOMMENDATIONS MUST BE SUBMITTED IN ENGLISH.**

COMPLETED APPLICATION PACKET INCLUDES:

1. Completed application form.
2. Official College transcript
3. Official Graduate School Transcript
4. One letter of recommendation from the First Aid/Rescue Squad Chief/Captain or President. The goal of the recommendation letter is to learn about you, your goals, abilities, accomplishments, and attributes.

Applicants are solely responsible for ensuring that the application package - the application form, the transcripts, and the recommendation letter are submitted to: **Scholarships@emscnj.org**

**While we prefer all items to be emailed, if something must be mailed, it should be sent to:**

**Rosemary Tempesta, Chairperson  
EMS Council of New Jersey Scholarship Committee  
99 Lynwood Rd  
Verona, NJ 07044**

All emails must be timestamped before 1159PM on March 15, 2025  
All mailed items must be postmarked by the Deadline date of March 15, 2025

If you have any questions prior to submitting application materials, please contact  
Rosemary Tempesta by email at [scholarships@emscnj.org](mailto:scholarships@emscnj.org)

**For The EMS Council of New Jersey Selection Committee Use Only**

Application Received \_\_\_\_\_

Date

Information Verified \_\_\_\_\_

Date

Final Notification \_\_\_\_\_

Date