



# 2025 APPLICATION FOR THE EMS COUNCIL OF NEW JERSEY CADET SCHOLARSHIP

**The EMS Council of New Jersey Cadet Scholarship Program:** The purpose of the Program is to provide recognition of achievement and ability, and to assist cadet and junior members of First Aid/Rescue Squads that are members in good standing of The EMS Council of New Jersey in continuing their education in an accredited college or university. Scholarships are awarded on the basis of merit as determined by a Selection Committee of non-EMS Council of New Jersey related educators whose decisions are final. Financial ability of the applicant shall not be a factor in the selection process. Applicant must be a high school senior in good academic standing and graduating in June 2025. Applicant must have applied to and be planning to enroll and pursue a course of study in an accredited college or university. Applicant must be a currently active cadet or junior member of a First Aid/Rescue Squad that is a member in good standing of The EMS Council of New Jersey. Based upon their age, applicant may be a senior member of their First Aid/Rescue Squad, as long as they meet the aforementioned graduation date requirement.

*The following questions are designed to collect information about your background, interests, and your college and career plans. Your answers to these questions will be used only in connection with your application for this scholarship and will be seen only by the Selection Committee and other qualified persons working on the Scholarship Committee.*

**VERY IMPORTANT: Please type, or print using black ink**

**Please indicate how you heard about this program** (check one or more if applicable)

- First Aid/Rescue Squad Meeting
- The EMS Council of New Jersey Website
- The EMS Council of New Jersey Annual Business Meeting/Symposium
- Social Media
- Magazine (name)
- Another organization (name)
- Other

**A. Applicant**

Legal name in full \_\_\_\_\_  
Last First MI

Permanent home address \_\_\_\_\_  
Number and Street City State Zip Code

Home phone (\_\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail address \_\_\_\_\_

First Aid/Rescue Squad \_\_\_\_\_

District \_\_\_\_\_ Area (circle one) North / Central / South

Date of Birth \_\_\_\_\_ Check one: Male  Female   
mo/day/yr

**B. Education**

1. \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Name of High School

\_\_\_\_\_  
Number and Street City State Zip Code

2. Date of graduation from high school \_\_\_\_\_  
mo/yr

3. Name and address of the colleges or universities you have applied to, and acceptance status

\_\_\_\_\_  
Name of College or University and Location Accepted/Waiting

\_\_\_\_\_  
Name of College or University and Location Accepted/Waiting

\_\_\_\_\_  
Name of College or University and Location Accepted/Waiting

\_\_\_\_\_  
Name of College or University and Location Accepted/Waiting

\_\_\_\_\_  
Name of College or University and Location Accepted/Waiting



4. Name and address of the college or university you plan on attending

\_\_\_\_\_  
Name of College or University and Location

5. Planned college major \_\_\_\_\_ minor \_\_\_\_\_

6. Anticipated occupation/career \_\_\_\_\_

7. Highest anticipated college degree \_\_\_\_\_

**C. School, Community and Work Activities**

1. List **school activities** that you have participated in, e.g., publications, debate, music, art, student government, sports, etc. Include any honorary awards, e.g., membership in the National Honor Society. If you require more space for your responses, please indicate below and place the information on another sheet and attach it to the package.

Activity	Dates of Participation	Offices Held	Special Awards or Honors

2. List additional **community activities** in which you volunteer. If you require more space for your responses, please indicate below and place the information on another sheet and attach it to the package.

Name of Agency or Organization	Position/Description of Work	Dates of Participation	Special Awards	Hrs per Week

3. List **jobs** (including summer employment) held in the past three years. If you require more space for your responses, please indicate below and place the information on another sheet and attach it to the package.

Employer	Position/Description of Work	One or Both		Dates of Employment	Hrs per Week
		Summer	Sch Yr		





**E. Applicant Certification**

I certify that the above information is accurate and complete, and that any financial support received from The EMS Council of New Jersey Cadet Scholarship fund will be used in continuing my education in an accredited college or university. I acknowledge that the above information will be verified by the Cadet Committee, and any misrepresentation will be grounds for immediate disqualification from consideration for The EMS Council of New Jersey Cadet Scholarship. I hereby give the express permission to The EMS Council of New Jersey to share any or all of the information/data I have provided in support of this application with members of the Cadet and Selection Committees.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**F. 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 Cadet 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/President/Cadet Advisor \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

**COMPLETED APPLICATION PACKET INCLUDES:**

1. Completed application form.
2. Official High School Transcript
3. One letter of recommendation from the First Aid/Rescue Squad Chief/Captain/President/Cadet Advisor. 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 transcript and the recommendation letter are submitted to: [Scholarships@emscnj.org](mailto: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 1159 PM 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)

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

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

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

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

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