



# 2026 APPLICATION FOR THE EMS COUNCIL OF NEW JERSEY GAIL LAWRENCE MEMORIAL SCHOLARSHIP

**The EMS Council of New Jersey Gail Lawrence Memorial Scholarship:** The purpose of the Scholarship is to provide recognition of achievement and ability, and to assist members of First Aid/Rescue Squads that are members in good standing of The EMS Council of New Jersey in continuing their medical related graduate education in an accredited college or university. Scholarships are awarded on the basis of merit as determined by a Selection Committee whose decisions are final. Financial ability of the applicant shall not be a factor in the selection process. Applicant must be currently attending an accredited college or university as a graduate student in a medical related program and be in good academic standing. Applicant must be a current active member in good standing of a First Aid/Rescue Squad that is a member in good standing of The EMS Council of New Jersey.

*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 \_\_\_\_\_

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

Date of Birth \_\_\_\_\_  
mo/day/yr

### **B. Education**

1. Name of High School You Graduated from \_\_\_\_\_

Year Graduated: \_\_\_\_\_

2. College your undergraduate degree is from: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

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

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

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



6. What is your anticipated Career? \_\_\_\_\_

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

### C. School, Community and Work Activities

1. What First Aid/Rescue Squad are you a member of or have you been a member of?

Name of Squad	Position/Description of Work	Dates of Participation	Special Awards	Hrs. per Week

2. Are you related to any members of a first aid or rescue squad? YES NO

3. If yes, please identify the person, squad, and your relationship:

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4. How are you financing your graduate education: \_\_\_\_\_

5. Since this scholarship is being given by a volunteer organization, do you intend to volunteer your expertise in any way after graduation? If so, please explain how in 100 words or less.

[illegible]

6. What community service have you done in the past?

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7. Applicant Certification:

I certify that the above information is accurate and complete, and that any financial support received from The Gail Lawrence Memorial Scholarship Fund will be used in continuing my education in an accredited educational institution that provides graduate medical education. I acknowledge that the above information will be verified by the Selection Committee, and any misrepresentation will be grounds for immediate disqualification from consideration for The Gail Lawrence Memorial Scholarship Fund. I hereby give 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 Selection Committee.

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 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 \_\_\_\_\_

**G. 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 Transcripts to date.
3. One letter of recommendation from the First Aid/Rescue Squad Chief/Captain/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 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 time stamped before 1159 PM on March 15, 2026.

All mailed items must be received by the Deadline Date of March 15, 2026.

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