

**2026 APPLICATION FOR  
THE EMS COUNCIL OF NEW JERSEY  
KENNETH T. WEINBERG MEMORIAL SCHOLARSHIP**



**The EMS Council of New Jersey Kenneth T. Weinberg 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 education in an accredited college, university or trade school. 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 enrolled in an accredited college, university or trade school as a freshman, sophomore or junior and be in good academic standing. Applicant must be a currently 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 \_\_\_\_\_  
 Number and Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Name and address of the college/university/trade school you are currently enrolled in

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

3. Name and address of the colleges/universities/trade schools you plan on transferring 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 \_\_\_\_\_



4. Current or planned college major \_\_\_\_\_ minor \_\_\_\_\_
5. Anticipated occupation/career \_\_\_\_\_
6. 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		



**D. Answer the questions below.** If you require more space for your responses, please indicate below and place the information on another sheet and attach it to the package.

### 1. Length of service on First Aid/Rescue Squad?

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years	months
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## 2. Average number of service hours?

### 3 Current certifications?

#### 4. Additional certifications or instructor certifications?

5. Why are you qualified to receive the EMS Council of New Jersey Kenneth T. Weinberg Memorial Scholarship? Limit your response to no more than 500 words. Attach additional sheets if necessary.



#### **E. Applicant Certification**

I certify that the above information is accurate and complete, and that any financial support received from The EMS Council of NJ Kenneth T. Weinberg Memorial Scholarship fund will be used in continuing my education in an accredited college, university or trade school. 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 EMS Council of NJ Kenneth T. Weinberg Memorial 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 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 High School Transcript
3. Official College Transcript
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)**

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

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

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

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