



2026 APPLICATION FOR THE EMS COUNCIL OF NEW JERSEY LINCOLN PARK EMS PAST LIFE MEMBER RICHARD VAN ORDEN SCHOLARSHIP

The EMS Council of New Jersey Lincoln Park EMS Past Life Member Richard Van Orden 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 sophomore, junior, senior or graduate student 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 people 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. Name and address of the college/university/trade school you are currently enrolled in: _____

3. What is your major? _____

4. What is your anticipated Career? _____

5. How is your major/anticipated career related to EMS? _____

C. Community Activities



1. List all leadership positions that you have held in your first aid/rescue squad. If you require more space for your responses, please indicate below and place the information on another sheet and attach it to the package.

Squad	Leadership Position held	Dates	

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

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. Date you joined First Aid/Rescue Squad? (* Must be a member of squad for at least 7 years to be eligible)

2. Average number of service hours?

_____ weekly _____ monthly

3. Current certifications?

_____ EMT _____ CPR _____ Emergency Med Responder

4. Do you hold any instructor certifications? YES NO

5. If yes, please describe how often you teach these classes and if they are for your squad, other squads or outside organizations:



For the following questions please attach your answers on an additional page.

6. Describe how you used your leadership position to improve your organization. Please include what you consider to be your best accomplishment as a leader and why.

7. Either as a member or leader describe how you have mentored others to improve themselves and to be a better, more productive member and person.

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 Lincoln Park EMS Past Life Member Richard Van Orden 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 Lincoln Park EMS Past Life Member Richard Van Orden Scholarship. 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/Trade School 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

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



For The EMS Council of New Jersey Selection Committee Use Only

Application Received _____
Date

Information Verified _____
Date

Final Notification _____
Date