

Legacy Scholarship Guidelines

Qualifications:

Applicants must be the son or daughter of a career or volunteer Emergency Medical Technician (EMT), Paramedic, or Firefighter (active, formerly active, retired or deceased) who is interested in a career in Emergency Medical Services (EMS).

Eligible applicants must plan to attend a State approved EMT Basic certification program or increase their level of certification through an EMT Intermediate or Paramedic program.

Guidelines:

Applicants must submit a single page typewritten essay explaining why they wish to pursue an EMT career or to further their training.

A minimum of 2 letters of recommendation are required. Recommenders should provide at least the following information:

- Recommender's name and Applicants name;
- Recommender's contact information including phone number, address, and e-mail;
- Length of time acquainted with and relation to applicant.

If the applicant is currently with an EMS, Fire or Health Care agency, one of the recommendations should be from a supervisor. Recommendations from relatives are not permitted.

Scholarship Awards:

Selection of recipients will be made without discrimination as to race, sex, creed, or national origin. Awards will be based on the following structure:

- EMT-B program - Potential of 50% of program fees up to \$500.
- EMT-I or EMT-P - Potential of 50% of program fees up to \$2,000.

Scholarship awards will be based on merit and need. Awards shall be made payable to an educational entity in the name of the scholarship recipient. If the recipient does not complete the program, he or she will be expected to return the award so that it may be allocated to another applicant. Awards made to applicants currently attending EMT-B, EMT-I or EMT-P programs will only be eligible to receive an award for the remaining tuition costs, not costs incurred in the past.

Important Dates:

May 28, 2010	Tenth round scholarship applications and materials due
June 21, 2010	Decisions on tenth round of scholarships
June 30, 2010	Notification to be received by candidates

*** Only those applications postmarked by the due dates will be accepted.*

*** Applicants whose programs do not start until after the following scholarship round will be held over for review.*



Applications:

Visit www.boundtree.com or call **800-533-0523** for a scholarship application.

Completed applications can be sent via mail or fax to:

Bound Tree Medical
Attn: Scholarship Fund
PO Box 8023
Dublin, OH 43016
Fax 614-760-5010

Please direct any questions to:
800-533-0523, ext. 5233
scholarship@boundtree.com

Legacy Scholarship Application

Applicant Information:

Name _____
(Last) (First) (MI)
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ E-mail _____ DOB _____

Legacy Information:

Name(s) of Legacy _____ Relationship _____
 Name of Station _____ Position _____
 Supervisor _____ Phone _____ E-Mail _____
 Check all the following that apply to the legacy: Active Formerly Active Retired Deceased

Previous School Information:

High School/Prep School _____
 City _____ State _____ Zip Code _____ Phone _____
 Date of Graduation _____ Honors/Activities _____

Intended Certification Program:

EMT Basic EMT Intermediate EMT Paramedic
 Educational Facility _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____
 Program Phone _____ Date Started/Intended Start Date _____
 Cost of Program _____ Length of Program _____
Cost should only reflect program costs, not books and materials. If you are currently in a program, only include program costs from the present until the conclusion of the program. Do not include previous costs.
 Are you receiving other financial aid? Yes No
 If yes, from where and how much? _____
 What is your intended career path? _____

Current Employment:

(If Employed or Volunteering)

Name of Organization _____ Position _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____
 Name of Supervisor _____ Length of Time at Position _____
 Current Job Responsibilities _____
Please attach additional pages as needed, or to document additional pertinent job-related experience.

Applicant's Certification & Authorization:

I declare that the above responses are accurate and complete. If any of the above statements are found to be false, I understand my application will automatically be disqualified. I understand the terms and conditions of the scholarship for which I am applying. I understand that if my application is not complete then it will not be considered. I hereby authorize the release of information contained in this application, a photo and copy of certification if awarded a scholarship, my academic transcript and any additional information to scholarship donors for business purposes only.
 Applicant's Signature _____ Date _____

For Bound Tree Medical Purposes Only:

Application # _____ Date Received _____
 Recommendation Letter #1 Recommendation Letter #2 Essay
 BTM Rep _____ Date _____
 Contacted Rep
 Rep Comments _____
 Recommended App Score _____ Final App Score _____ Letter _____ Date _____

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