

**Dianne Heindel Memorial Scholarship**  
**(Awarded to student enrolling in Health Care or Emergency Services) \$350**  
**Awarded to student in Monroe, Juda, Monticello or South Wayne**  
**Emphasis placed on Scholastic Standing and future career field**

**STUDENT'S NAME:** \_\_\_\_\_

**STUDENT'S HOME ADDRESS:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**STUDENT'S HIGH SCHOOL:** \_\_\_\_\_

**HIGH SCHOOL ADDRESS:** \_\_\_\_\_

**College, university or other educational institution student plans to attend (indicate name of school and address):**

**First Choice:** \_\_\_\_\_

**Second Choice:** \_\_\_\_\_

**The Scholarship will be paid on proof of enrollment in the second academic year. Grades from first year must be 2.5 or higher.**

**NOTE: PLEASE RETURN TO**  
**Green County EMS**  
**Attn: Treasurer**  
**P.O. Box 28**  
**Monroe, WI 53566**

The information requested on the application form is self-explanatory. Please fill out the form completely.

In addition to the application form, you must enclose the following:

**Financial Aid Statement.** An official letter generated by the financial aid office indicating your current student budget, needs analysis, and financial aid awards, including scholarships.

**Application Checklist:**

Completed application, signed and dated

Financial aid statement

Transcript(s)/ATC Scores

**Activities Record** (include school, community activities and honors attach additional pages as needed)

Name of activity	Offices & Honors

**Work Experience** (includes present and previous employment, attach additional pages as needed)

Total number of hours worked per week \_\_\_\_\_

Month/year to Month/year	Employer

**Use only this space to clearly explain your career goals, any special needs and circumstances you wish to share, the benefits this scholarship would provide for you, and why you should be awarded this scholarship. You may type or handwrite this.**

[illegible]

**Total number of family members living at home:** \_\_\_\_\_

**Children** \_\_\_\_\_ **Ages** \_\_\_\_\_ **No. Attending College** \_\_\_\_\_

**Other financial considerations which need to be noted:**

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**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If awarded this scholarship, I understand and agree that my name, background information and photo may be used by the Green County EMS regarding this award.**

**Please indicate below:**

**Yes, I approve of my information and/or photo.**

**No, do not use my photo or information.**

**Signature** \_\_\_\_\_