

**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



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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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** \_\_\_\_\_