

GREEN COUNTY EMS OF MONROE SCHOLARSHIP APPLICATION
(Awarded to student enrolling in any Healthcare Field) \$350
Awarded to students in Juda, Monroe, Monticello and 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 _____