



**New York State Volunteer Ambulance
& Rescue Association, Inc.**
518 Hooper Road # 278, Endwell, New York 13760
Phone: (877) NYSVARA - Web site www.nysvara.org
APPLICATION FOR SCHOLARSHIP

New York State Volunteer Ambulance & Rescue Association, Inc., Scholarship Program: The purpose of the program is to provide recognition of achievement and ability, and to assist volunteer members (youth and adult) of squads that are members in good standing of the New York State Volunteer Ambulance & Rescue Association, Inc. in continuing their education in an accredited college or university. Scholarships are awarded on the basis of merit as determined by The Scholarship Committee of the association, whose decisions are final Applicant must be a high school senior in good academic standing and graduating in June of the year applying or adult member furthering their education. Applicant must have applied to and be planning to enroll and pursue a course of study in an accredited college or university.

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 persons working on the Committee and the Board of Directors of NYSVARA.

VERY IMPORTANT: This is a fillable PDF, please type. Or print and use black ink.
Please indicate how you heard about this program (check one or more if applicable)

NYSVARA District

NYSVARA Website

PULSE CHECK Educational Conference and Trade Show Convention

The Blanket – NYSVARA’s Newsletter

Other (explain)

A - APPLICANT

Last MI First

LEGAL NAME IN FULL:

PERMANENT ADDRESS:

CITY: **STATE:** **ZIP:**

HOME PHONE: **CELL PHONE:**

EMAIL:

DATE OF BIRTH(MM/DD/YY) **CHECK ONE:** **MALE** **FEMALE**

**NYSVARA MEMBER EMS
RESCUESQUAD:**

NYSVARA DISTRICT: **COUNTY:**



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B - EDUCATION
HIGHSCHOOL INFORMATION

NAME OF HIGHSCHOOL:

PHONE #:

ADDRESS:

CITY:

STATE:

ZIP:

GRADUATION DATE (MO/YR)

COLLEGES YOU HAVE APPLIED TO

NAME OF COLLEGE:

PHONE #:

CITY:

STATE:

ZIP:

GRADUATION DATE (MO/YR)

CHECK ONE:

ACCEPTED

WAITING

NAME OF COLLEGE:

PHONE #:

CITY:

STATE:

ZIP:

GRADUATION DATE (MO/YR)

CHECK ONE:

ACCEPTED

WAITING

NAME OF COLLEGE:

PHONE #:

CITY:

STATE:

ZIP:

GRADUATION DATE (MO/YR)

CHECK ONE:

ACCEPTED

WAITING



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COLLEGES YOU HAVE APPLIED TO (CONTINUED)

NAME OF COLLEGE:

PHONE #:

CITY:

STATE:

ZIP:

GRADUATION DATE (MO/YR)

CHECK ONE:

ACCEPTED

WAITING

NAME OF COLLEGE:

PHONE #:

CITY:

STATE:

ZIP:

GRADUATION DATE (MO/YR)

CHECK ONE:

ACCEPTED

WAITING

COLLEGE YOU PLAN ON ATTENDING

NAME OF COLLEGE:

PLANNED MAJOR:

PLANNED MINOR:

ANTICIPATED OCCUPATION OR CAREER:

HIGHEST ANTICIPATED COLLEGE DEGREE:



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C - SCHOOL, COMMUNITY, AND WORK ACTIVITIES

List **school activities** that you have participated in, e.g., publications, debate, music, art, student government, sports, etc. Include any honorary awards, e.g., membership in the National Honor Society. If you require more space for your responses, please indicate below and place the information on another sheet and attach it to the package.

ACTIVITY/OFFICES HELD/SPECIAL AWARDS AND/OR HONORS

DATE(S) OF PARTICIPATION/AWARD

List additional community activities in which you volunteer or community recognition/awards you may have received. If you require additional space for your response, please indicate below and place the information on another sheet of paper and attach it to the package.

**NAME OF
AGENCY/ORGANIZATION**

**POSITION/DESCRIPTION
OF WORK/AWARD**

**DATE(S) OF
PARTICIPATION**

**HOURS
PER MONTH**



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List jobs (including summer employment) held in the past 3 years. If you require additional space for our response, please indicate below and place the information on another sheet of paper and attach it to the package.

EMPLOYER:

HOURS PER WEEK

POSITION/DESCRIPTION OF WORK:

SUMMER OR SCHOOL YEAR:

DATES OF EMPLOYMENT:

TO

EMPLOYER:

HOURS PER WEEK

POSITION/DESCRIPTION OF WORK:

SUMMER OR SCHOOL YEAR:

DATES OF EMPLOYMENT:

TO

EMPLOYER:

HOURS PER WEEK

POSITION/DESCRIPTION OF WORK:

SUMMER OR SCHOOL YEAR:

DATES OF EMPLOYMENT:

TO

EMPLOYER:

HOURS PER WEEK

POSITION/DESCRIPTION OF WORK:

SUMMER OR SCHOOL YEAR:

DATES OF EMPLOYMENT:

TO

EMPLOYER:

HOURS PER WEEK

POSITION/DESCRIPTION OF WORK:

SUMMER OR SCHOOL YEAR:

DATES OF EMPLOYMENT:

TO

EMPLOYER:

HOURS PER WEEK

POSITION/DESCRIPTION OF WORK:

SUMMER OR SCHOOL YEAR:

DATES OF EMPLOYMENT:

TO



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D - NYSVARA SERVICE

Answer the questions below relative to your service with the NYSVARA Member Squad. If you require more space, please place the information on another sheet and attach it to the package.

LENGTH OF SERVICE ON NYSVARA MEMBER EMS/RESCUE SQUAD:

YEARS

MONTHS

AVERAGE NUMBER OF SERVICE HOURS:

WEEKLY

MONTHLY

CURRENT CERTIFICATIONS

EMT-B

CPR

FIRST RESPONDER

ADDITIONAL CERTIFICATIONS OR INSTRUCTOR CERTIFICATIONS:



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E - APPLICANT CERTIFICATION

I certify that the above information is accurate and complete, and that any financial support received from the New York State Volunteer Ambulance & Rescue Association, Inc. Scholarship Fund will be used in continuing my education in an accredited college or university. Should I not register or drop out and receive a refund of fees, I understand that I must return any NYSVARA Scholarship funds received. I acknowledge that the above information will be verified by the Scholarship Committee, and any misrepresentation will be grounds for immediate disqualification from consideration for the New York State Volunteer Ambulance & Rescue Association, Inc. Scholarship. I hereby give the express permission to the New York State Volunteer Ambulance & Rescue Association, Inc. to share any or all of the information/data I have provided in support of this application with members of the Scholarship Committee and the Board of Directors

SIGNATURE OF APPLICANT:

DATE:

F - OFFICER CERTIFICATION (COMPLETED BY SQUAD PERSONNEL ONLY)

I am the _____ of the _____, an organization that is a member in good standing with The New York State Volunteer Ambulance & Rescue Association, Inc. I agree to provide a sealed letter of recommendation on behalf of the applicant to the Scholarship Committee. (Must be completed by Chief/Captain or President/Vice President or Youth Squad Advisor, for Youth / Junior member)

Last

MI

First

Title

PRINT NAME/TITLE:

SIGNATURE:

AGENCY PHONE:

CELL PHONE:

EMAIL:



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G. ALL APPLICATION MATERIALS, INCLUDING RECOMMENDATIONS MUST BE SUBMITTED IN ENGLISH -- APPLICATIONS MUST INCLUDE:

1. Completed application form.
2. One letter of recommendation from your agency Chief/Captain or President/Vice President or Youth Squad Advisor. The goal of the recommendation letter is to learn about you, your goals, abilities, accomplishments, and attributes. This letter of recommendation must be enclosed in a separate and sealed envelope with this application. Applicants are solely responsible for ensuring that the application package - the application form, the recommendation, and any other pertinent data are submitted to:

Scholarship Committee
New York State Volunteer Ambulance & Rescue Association, Inc.
518 Hooper Road # 278
Endwell, New York 13760

Applications must be received by August 1st; applications postmarked later than the deadline of August 1st will not be considered. If you have any questions prior to submitting application materials, please e-mail pulsecheck@nysvara.org

FOR USE BY THE NYSVARA SCHOLARSHIP COMMITTEE ONLY:

APPLICATION RECEIVED:

INFORMATION VERIFIED:

CONGRATULATIONS/DECLINATION LETTER SENT: