

# NEBRASKA EMERGENCY MEDICAL SERVICES ASSOCIATION SCHOLARSHIP APPLICATION

NEMSA Members, Spouse & Dependent Children are eligible

## MINIMUM REQUIREMENTS

- 1) Parent or self must be a current member of NEMSA
- 2) Attendance at a post-secondary institution during the next academic semester.
- 3) Completion of this form.
- 4) Affirmation of class rank and test score by H.S. guidance counselor or copy of last grade report if already in college.
- 5) Application must be received by **June 30** for consideration
- 6) Because of the number of scholarship applications we have been receiving, for scholarship awarded after 2006, we will be limiting scholarships to one per person.

*This application form is also available on the NEMSA web site. [www.nemsa.org](http://www.nemsa.org)*

NAME OF NEMSA MEMBER

*circle one*  
**SELF/PARENT**

NAME

ADDRESS

CITY

ZIP

PHONE #

BIRTH DATE

High School Graduation  
Date-if Senior

SCHOOL CURRENTLY ATTENDING

WHAT YOU PLAN TO MAJOR IN

To be completed by High School Official (if applicable)

Class rank

No. In class

ACT Score

GPA

School Official

Signature

Title

Date

\*\*\*ON AN ATTACHED SHEET PLEASE WRITE & TELL US SOMETHING ABOUT YOU.  
PLEASE LIMIT THIS TO ONE PAGE. PLEASE INCLUDE EXTRA-CURRICULAR  
ACTIVITIES, OFFICE HELD, COMMUNITY SERVICE, FUTURE PLANS, ETC.

SUBMIT COMPLETED FORMS BY JUNE 30 TO:

NEMSA  
PO BOX 112  
BURWELL, NE 68823