



**WESTERN MASSACHUSETTS
EMERGENCY MEDICAL SERVICES COMMITTEE, INC**

168 INDUSTRIAL PARK DRIVE · NORTHAMPTON, MA 01060-2327
(413) 586-6065 voice (413) 586-0947 fax
wmems@wmems.org (email) www.wmems.org (website)

Scholarship Application

Please check which scholarship you are applying for:

Mary Stuart Scholarship

Ben Jones Scholarship

WMEMS is pleased to have available these scholarships. They are designed to assist individuals in planning for or furthering their education in the prehospital emergency medical field. These awards are for initial training only as a Basic, Intermediate or Paramedic level EMT. This does not include refresher or continuing education programs. The amounts are as follows:

Mary Stuart Scholarship: 80% of course fee and/or books up to \$ 200.00

Ben Jones Scholarship: 80% of course fee and/or books up to \$ 500.00

WMEMS will pay the institutions directly with a bill or the student with a proof of purchase/receipt.

To be eligible for these scholarships, you must meet the following criteria:

- Be a resident of Region One: Berkshire, Franklin, Hampden or Hampshire Counties.
- Submit an essay of 100 words or less of how you are involved with your community.

Level of Training you are applying for: EMT_____ Intermediate*_____ Paramedic* _____

* Please attach a copy of both sides of your EMT card

Are you fluent in a language other than English? If so which one(s): _____

All applications must be submitted by **May 1** for Fall/Winter Programs
November 1 for Spring/ Summer Programs

Have you applied for either of these scholarships before? Yes_____ No_____

Name: _____ Phone: _____

Street Address: _____

City: _____ MA Zip Code: _____

Citizen of US: Yes_____ No_____ Sex: M_____ F_____

INCOME:

1. Total household income from previous year: _____

2. Number in Household: _____

(over)

EMPLOYMENT:

Are you currently employed: Yes____ No____

If yes: date hired, full or part time, name, address, telephone number of current employer(s).

Position: _____ Date Hired: _____ Full/ Part Time _____

Company: _____

Address: _____

Reference Contact Name: _____ Phone: _____

Position: _____ Date Hired: _____ Full/ Part Time _____

Company: _____

Address: _____

Reference Contact Name: _____ Phone: _____

PERSONAL REFERENCES

List three (3) personal references

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PROGRAM

Name of Institution or Instructor: _____

Cost of program: _____ Start Date: _____ Cost of Books: _____

Are you receiving assistance of any kind from other sources? Yes____ No____

If yes please explain: _____

Mail completed application and essay to:

**Western Mass EMS, 168 Industrial Park Drive, Northampton, MA 01060
Attn: Scholarship Committee**