The NYS Volunteer Ambulance & Rescue Association (NYSVA&RA) annually provides up to three scholarships ranging from $500 to $1,000 to individuals who are members (youth or adult) of a member squad in good standing in the NYSVA&RA.

These scholarships are for use by applicants to further their education at an accredited institution of higher education.

The scholarships are announced and presented at the Association’s annual PULSE CHECK Education Conference and Trade Show being held this year from 9/22/11 to 9/25/11 in Albany, NY.

Attached to this message is a file containing additional information and application instructions.

Application and supporting recommendation must be mailed to:
Scholarship Committee, NYSVA&RA
PO Box 254
East Schodack, NY 12062

Applications must be postmarked by 8/12/11.

To determine if your squad is a member in good standing of the NYSVA&RA ask a squad officer or e-mail Colleen James at financialsecretary@nysvara.org

Questions should be e-mailed to the Scholarship Committee at scholarships@nysvara.org
APPLICATION FOR
THE NEW YORK STATE VOLUNTEER AMBULANCE & RESCUE ASSOCIATION, INC.
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 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: Please type, or print using black ink
Please indicate how you heard about this program (check one or more if applicable)

① NYSVARA District
② NYSVARA Website
③ PULSE CHECK Educational Conference and Trade Show Convention
④ The Blanket – NYSVARA’s Newsletter
⑤ Other (explain) ____________________________________________________________

A.-Applicant

Legal name in full _____________________________________________________________________________ (Last, First, MI)

Permanent home address_________________________________________________________________________
(Number and Street City State Zip Code)

Home phone (______) ___________________ Cell phone (______) ___________________

E-Mail address ______________________________________

Date of birth___________________________ Check one: Male ③ Female ⑤ (mo/day/yr)

NYSVARA Member EMS/Rescue Squad _____________________________________________________________

NYSVARA District _______________ County _____________________________________________

B.- Education

1.___________________________________________________ Phone(______) _______________________
(Name of High School)
(Number and Street City State Zip Code)

2. Date of graduation from high school ________________________________ (mo/yr)

3. Name and address of the colleges or universities you have applied to, and acceptance status

___________________________________________________________________________________________

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4. Name and address of the college or university you plan on attending

(Name of College or University and Location)

5. Planned college major ____________________________ minor ____________________________

6. Anticipated occupation/career ______________________________________________________

7. Highest anticipated college degree __________________________________________________

C. School, Community, and Work Activities

1) 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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date of Participation</th>
<th>Offices Held</th>
<th>Special Awards and/or Honors</th>
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2) List additional community activities in which you volunteer. 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.

<table>
<thead>
<tr>
<th>Name of Agency Or Organization</th>
<th>Position/Description of Work</th>
<th>Dates of Participation</th>
<th>Special Awards Received</th>
<th>Hours Donated per month</th>
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3) 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.

<table>
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<tr>
<th>Employer</th>
<th>Position/Description Of Work</th>
<th>Summer or School Year (if applicable)</th>
<th>Date of Employment</th>
<th>Hours Worked per week</th>
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D. 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.

1. Length of service on NYSVARA Member EMS/Rescue Squad?
   Years: ___________________ Months: _________________________

2. Average number of service hours?
   Weekly: ___________________ Monthly: _________________________

3. Current certifications?
   EMT-B ____  CPR _____  First Responder: _____

4. Additional certifications or instructor certifications?
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________

5. Please explain why you are qualified to receive a NYSVARA Scholarship and how it will help you? (Limit your response to no more then 300 words. If you require additional space, please indicate below and attach it to the package)
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
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)

Print Name/Title ____________________________________________

Signature___________________________________________________  Date __________________

Agency Phone (______) _______________________  Cell Phone (______) _____________________

E-Mail Address ______________________________________

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.
Post Office Box 254
East Schodack, NY 12063

Applications must be received by August 15th, applications postmarked later than the deadline of August 12th will not be considered.

If you have any questions prior to submitting application materials, please e-mail: scholarships@nysvara.org and your questions will be answered promptly.

For use by the NYSVARA Scholarship Committee Only:

Application Received: _______________________________________

Information Verified: _______________________________________

Congratulations/Declination letter sent: ________________________