William Anthony Stone Memorial Scholarship

The Central Islip – Hauppauge Vol. Amb. is taking applications for the William Anthony Stone Memorial Scholarship.

Two applicants will be selected to receive a $3,000.00 scholarship to the school of their choice toward the completion of a paramedic program.

Applications are due no later than January 31, 2015. The application is open to volunteers of Nassau and Suffolk counties. If interested please visit cihva.org to review the criteria and download the application.
William Anthony Stone Memorial Scholarship

William Anthony Stone joined the Central Islip - Hauppauge Vol. Amb. On May 25, 1998. He was a dedicated member of the service who shortly after became a paramedic. Not only did he go on in life to be a career paramedic he maintained his volunteer status until his death. Bill was a kind person who loved nature, people and a good joke. His time as a volunteer included him being an educator, mentor and friend. Bill passed away doing what he loved and with a lesson to us all on ambulance safety. His memory carries on in this memorial scholarship so that other volunteers who do what they love may become a paramedic as Bill did.

The Central Islip - Hauppauge Vol. Amb. will award two volunteers a $3,000.00 scholarship to a school of their choice to complete a paramedic program. The following is the criteria for the scholarship.

- Provide a letter from a Chief stating you are a volunteer member in good standing in a Nassau or Suffolk fire or EMS department.
- Have been a volunteer for a minimum of five years.
- Hold an EMT-B certification for at least one year. (Provide copy of card)
- Provide a letter of recommendation from the Chief of your department.
- Provide one other letter of recommendation from a professional.
- Provide a letter to the committee of why you want to become a paramedic.
- Your EMT certification must remain valid during the duration of the class.

All applications and supporting documentation must be received no later than January 31, 2015. Screening process and selection for an interview will be conducted during the month of February. Potential applicants will be notified via email. Scholarships will be awarded in March. Scholarships will be paid directly to the school of the winner’s choice. Please address all applications to the address below.

4 Pineville Rd.
Central Islip, N.Y. 11722
Attn. William Anthony Stone Memorial Scholarship Committee
William Anthony Stone Memorial Scholarship Application

Date: ____________

Personal Information

Last Name ________________________ First Name _____________________ MI.____

Address _______________________ City _________________ State _____ Zip________

Home Phone (___)_____-______ Cell/Pager (___)____-______ Date of Birth___/___/___

Email ____________________________________________  SSN:  _____-_____-_____

Have you ever been convicted of a crime? Yes ____ No ____
If YES, please give details and dates of convictions including County/State in which convicted.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How did you hear about the scholarship?

______ Volunteer Agency Posting (please name) ______________________________

______ Friend (please name) __________________________________________

______ Website _______________________________________________________

______ Other (please specify) ___________________________________________

Have you ever previously applied for the scholarship?

______ Yes _____ No   If YES, please supply date ________________________

Revised 4/06
Have you ever been a member of this department?

_____ Yes _____ No  If YES, please supply date ________________________

Are you acquainted with or related to any member of this department?

_____ Yes _____ No

If YES, please identify person and relationship __________________________________

**Education and Certifications**

Please state highest level of education:

Name of School___________________________________ Date of Graduation________

Medical Certifications (ie. CPR/AED, CFR, ect.)

1. Certification___________________________________ How long________
2. Certification___________________________________ How long________
3. Certification___________________________________ How long________
4. Certification___________________________________ How long________

**Paramedic Program**

Please list the program you wish to attend to pursue a paramedic certification

Name__________________________________________________________

Address_________________________________________________________

Phone __________________________________________________________

Instructors Name________________________________________________
References
Please list the required references below.

Chief of your department___________________________________________

Address_________________________________________________________

Phone__________________________________________________________

Professional Reference
Name__________________________________________________________

Address_________________________________________________________

Phone___________________________________________________________

Professional Relation_______________________________________________

How long have you known this person in a professional manner?_____________

Employment History
Please provide information of your present employer:

Present Employer ________________________________________________________

Address ________________________________________________________________

Phone _________________________ Supervisor _______________________________ 

Volunteer Ambulance / Fire Department
Please list all Volunteer Ambulance / Fire Departments that you have or are presently a
member of:
1. Department________________________________ Address/City__________________________

Phone___________________ Chief ___________________Dates (to/from)_____________

2. Department______________________ Address/City______________________________

Phone___________________ Chief ___________________Dates (to/from)_____________
Applicant’s Statement

Please read the following statements carefully and sign the acknowledgement below:

I understand that all the information obtained for consideration will be kept on file at the Central Islip – Hauppauge Volunteer Ambulance Corp. Headquarters and will be utilized by the scholarship committee to determine acceptance or rejection of this request for a scholarship.

I understand that any false or misleading information or documents on this application may cause for dismissal, or denial of the scholarship from Central Islip – Hauppauge Volunteer Ambulance Corps.

I, __________________________, hereby certify that all information contained in this application, to the best of my knowledge is accurate and true. I further agree that if I am accepted for the scholarship I will remain an active volunteer with my department for the duration of the paramedic program that the scholarship is awarded to. I also agree that my current certification will remain valid for the remainder of the class.

_____________________________                     _____________________________
Applicants Name (Signature)    Applicants Name (Print)

__________  Date

Revised 4/06