

International Rescue and Emergency Care Association

2015 Past Presidents Education Scholarship

Please submit the following:

1. The cover application with questions answered.
2. A copy of your transcript for the current year. Graduating high school seniors please include a letter of acceptance from the school you plan on attending.
3. A one page (250-300 word) personal statement describing yourself; please include: your strengths and weaknesses, your goals and how you intend to reach them, and why you chose the field of medicine or pre-hospital care and what this field means to you.
4. A creative one page essay detailing why you feel you should receive the IRECA Past President's scholarship and what you plan to use it for. This should include the type of program you plan on entering and any special details about it, and why you believe that you would be a good representative of IRECA in that program.
5. Two letters of recommendation: one may be from a community person (i.e. a teacher, scout leader, work supervisor, etc.) the other should be from a qualified EMS or healthcare instructor/supervisor.

I certify that the information given in this application is factual and correct. Also, if awarded I give permission for the IRECA to use my name in promotional and informational bulletins as they see fit in order to increase awareness about IRECA and its activities.

SIGNATURE OF APPLICANT

All information supplied on this form is confidential. The committee will utilize this information to categorize the applicants only. This information will not be supplied to the review committee, applicants in each category will be judged on their resume and scholarships will be awarded according to the category set by the committee.

Please submit to:

International Rescue and Emergency Care Association
Attn: Scholarship Committee
P.O. Box 431000
Minneapolis, MN 55443

Committee use only	Application 1í -
Date received	Meets requirements Yes_____ No_____
Category	Date returned
Position	Date Resubmitted

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APPLICATION FOR SCHOLARSHIP AWARD

1. NAME: _____
(YOU/YOUR SPONSORS)

MEMBERSHIP # _____
2. ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____
3. HOME TELEPHONE: _____ WORK TELEPHONE: _____
4. DATE OF BIRTH: _____ AGE: _____
5. SOCIAL SECURITY NUMBER: _____

EDUCATION:

School	Address	Year Graduated	Degree/ Major

6. Post-secondary school you plan to attend or are currently attending

Name: _____

Address: _____

City, State Zip: _____

Type of program and major field of study _____

(i.e.: 4 yr. university; physical therapy)

Year in post-secondary program during coming school year

Undergraduate 1 2 3 4 5

Graduate 6 7 8

Student will: _____ live on campus _____ live off campus _____ commute

Be enrolled: _____ less than half-time _____ more than half-time _____ full-time

Anticipated date of graduation from post-secondary program _____

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WORK EXPERIENCE:

Describe your work experience during the past four years. Please indicate the dates of employment and duties required for each.

Employer	Position/Duties	Start Date	End Date

ACTIVITIES:

List all of your school, community, volunteer, and church related activities that you feel are of significance. Please include the number of years you participated, leadership roles, and any special awards or honors you received from the activity. You may add additional sheets as necessary.

Activity	Dates	Positions Held	Awards/ Honors