

EMS Scholarship Application

APPLICANT INFORMATION

First/Last Name _____

Email Address _____

Cell Phone _____

Home Address _____

City _____ **Zip Code** _____

My service community (please check one)
 Brooklyn
 Grinnell
 Montezuma
 Other _____

Volunteer start date _____

Will service be assisting with costs
Yes _____ No _____

I am pursuing (please check one)
EMT _____ Paramedic _____

Name/Location of Training Program _____

Please briefly describe why you are pursuing this education:

Also required: Letter of recommendation from your service director

Return to: UnityPoint Health - Grinnell **Or Email:** jennifer.havens@unitypoint.org
Attention: Administration

210 4th Ave, Grinnell, IA 50112