

**NEW YORK STATE  
VOLUNTEER AMBULANCE & RESCUE ASSOCIATION  
SCHOLARSHIP APPLICATION**

**APPLICANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE#:** (H) \_\_\_\_\_ (C) \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**AGENCY OFFICER:** \_\_\_\_\_

**School in which the scholarship will be used:**

**SCHOOL NAME:** \_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**ENROLLMENT DATE:** \_\_\_\_\_ **GRADUATION DATE:** \_\_\_\_\_

**REQUIREMENTS:**

- No age restriction
- Scholarship must be used to further education in the medical or medical related field (NOT including CFR and or EMT classes)
- Applicant or an immediate family member **MUST** be a current active individual member or member of a squad that is listed in **GOOD STANDING** with NYSVARA.
- Course or School session must start in the current year

**APPLICANT MUST SUBMIT THE FOLLOWING:**

- Verification of enrollment in the form of an admission slip or letter from institution.
- NYSVARA membership verification: individual or squad membership indicating status of good standing.
- Detailed description of your qualifications, recognitions, certifications and community involvement as well as your reason to be a scholarship recipient attached to this application and it must be typed for acceptance consideration.
- Applications **MUST** be post marked **NO LATER** then August 16, 2009 for consideration.

**RETURN COMPLETED APPLICATION TO:  
NYSVARA SCHOLARSHIP APPLICATION-Teri Hamilton Chair Person  
Post Office Box 254**

**East Schodack, New York 12063  
Cell: (914) 262-6969 E-Mail: [TNYSEMT@aol.com](mailto:TNYSEMT@aol.com)**