

**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 volunteer 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)**

- NYSVARA District
- NYSVARA Website
- PULSE CHECK Educational Conference and Trade Show Convention
- The Blanket – NYSVARA’s Newsletter
- 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  Female   
(mo/day/yr)

NYSVARA Member EMS/RescueSquad \_\_\_\_\_

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

\_\_\_\_\_  
Name of College or University and Location Accepted/Waiting

\_\_\_\_\_  
Name of College or University and Location Accepted/Waiting

\_\_\_\_\_  
Name of College or University and Location Accepted/Waiting

\_\_\_\_\_  
Name of College or University and Location Accepted/Waiting

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.

Activity	Date of Participation	Offices Held	Special Awards and/or Honors
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- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

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.

Name of Agency Or Organization	Position/Description of Work	Dates of Participation	Special Awards Recieved	Hours Donated per month
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- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

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.

Employer	Position/Description Of Work	Summer or School Year (if applicable)	Date of Employment	Hours Worked per week
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- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_



**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 27<sup>th</sup>, applications postmarked later then the deadline of August 25<sup>th</sup> will not be considered.

If you have any questions prior to submitting application materials, please e-mail

[secretary@nysvara.org](mailto:secretary@nysvara.org).

For use by the NYSVARA Scholarship Committee Only:

Application Received: \_\_\_\_\_

Information Verified: \_\_\_\_\_

Congratulations/Declination letter sent: \_\_\_\_\_