

New Mexico EMS Fund Act Special Projects

Continuing Education Scholarship Application for FY 20 (01 July 2019 – 30 June 2020)

**Instructions: Every question must be answered. If a section does not apply, put N/A in the blank. Only one (1) scholarship per person!
Incomplete applications will NOT be accepted!**

Please email, mail or fax the completed application to the following:

CONTINUING EDUCATION SCHOLARSHIP
EMS REGION I
PO BOX 1895
CLOVIS, NM 88102-1895
PHONE: (575) 769-2639 FAX: (575) 769-3485

Please follow all instructions, answer all questions, and complete all forms. If you have any questions, or need assistance in the application process, please contact Laura Hensley at 505-333-3120 or email at hensleyl@sjcounty.net

Scholarships are limited to \$100.00 per individual

Applicant/Contact: (PLEASE PRINT OR TYPE CLEARLY)

First Name: _____	Last Name: _____
Address: _____	Telephone #: _____
City: _____	Fax #: _____
State: _____ Zip Code: _____	Email: _____

Do you reside in New Mexico?

YES		NO	
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Affiliation: (PLEASE PRINT OR TYPE CLEARLY)

Agency/Service: _____ _____ Contact Person: _____	Telephone #: _____ <hr style="border: none; border-top: 1px solid black;"/> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Volunteer:</td> <td style="width: 50%;">Paid:</td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>	Volunteer:	Paid:		
Volunteer:	Paid:				

Education Offering: (PLEASE PRINT OR TYPE CLEARLY)

Course Name: _____ _____ Course Location: _____ _____ City: _____ State: _____ Zip Code: _____	Contact Person: _____ Title: _____ Telephone #: _____ Fax #: _____ Email: _____
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Justification for Scholarship Assistance: (PLEASE PRINT OR TYPE CLEARLY)

If additional space is needed for justification, use no more than 1 additional page