



NEW JERSEY STATE FIRST AID COUNCIL 2000 CADET SCHOLARSHIP PROGRAM

The cadet committee of the New Jersey State First Aid Council is pleased to announce its **Annual Cadet Scholarship Program**. This program is open to cadet and junior members of first aid and rescue squads who are members of the New Jersey State First Aid Council. The purpose of this program will be to assist cadet and junior members who express a desire to pursue a career in a health care related field.

Selection Criteria

Candidates will be expected to meet the following requirements:

- Applicant must be a **high school senior**, in good academic standing who is applying to a post secondary school and **graduating in June 2000**.
- The applicant must demonstrate a desire to pursue a course of study that will lead to a career in a **medical or health care related field**.
- The applicant must be a current active cadet or junior member of a first aid squad, which is a member of the N.J.S.F.A.C. Based on their age, they may be a senior squad member as long as they meet the graduation date requirement of June 2000.
- **Each applicant must provide a letter of recommendation from their squad Captain, President or Cadet Advisor. This may either be attached to the application or send directly to the committee no later than April 1, 2000.**
- The financial ability of the candidate shall not be a factor in the selection process as the purpose of the award is to provide recognition of achievement and ability.
- All applications are evaluated by a panel of non-council related educators. The decisions of the judging committee will be final.
- The cadet scholarship program will be contingent on the awarding of grant funding.

All applications must be returned no later than April 1, 2000.

NEW JERSEY STATE FIRST AID COUNCIL 2000 CADET SCHOLARSHIP APPLICATION

This application must be completed and returned no later than **April 1, 2000** to:

Paul Allena, Chairman
New Jersey State First Aid Council Cadet Committee
1405 Stech Dr.
Bridgewater, NJ 08807

Any questions regarding this application or the scholarship program can be addressed to Paul Allena, Cadet Committee Chairman at (908) 218-4048

APPLICANT INFORMATION:

1. APPLICANT'S NAME: _____

ADDRESS: _____

APPLICANT'S
TELEPHONE: (____) _____

2. FIRST AID/RESCUE SQUAD: _____

SQUAD CAPTAIN/PRESIDENT/ADVISOR: _____

HOME TELEPHONE: (____) _____

3. Please list the college to which you have applied and your current status:

SCHOOL	STATUS	ACCEPTED/NO WORD YET
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1. _____

2. _____

3. _____

4. If you have been accepted by one of the above schools, which one do you plan to attend and what will be your course of study:

School: _____

Major course of study: _____ Minor: _____

5. What is your anticipated occupation/career after college or training school:

SQUAD SERVICE/TRAINING:

6. Length of service on squad: _____ years _____ months

7. Average number of service hours per week: _____

Average number of service hours per month: _____

8. Please indicate your current certifications:

_____ EMT-A _____ EMT-B _____ EMT-D _____ CPR _____ First Responder

9. Please list below any other certifications or instructor certifications:

10. Please indicate any officer or leadership positions held in your cadet squad and the duration of each office. Also indicate any special recognition or awards that you have received from your first aid/rescue squad.

APPLICANT CERTIFICATION

I certify that the above information is a true and adequate representation of my volunteer service with the _____ First Aid/Rescue Squad that is a member squad in good standing of the New Jersey State First Aid Council. I further agree that any financial support that I receive will be used to further my education in a health-related field of study.

APPLICANT
SIGNATURE: _____ DATE: _____

SQUAD OFFICER CERTIFICATION:

I am currently the _____ of the _____
OFFICER NAME OF SQUAD

And can attest that _____ is a member in good
APPLICANT

of our organization. I also agree to forward a letter of recommendation on behalf of the applicant to the cadet camera.

CAPTAIN/PRESIDENT/CADET ADVISOR: _____

DATE: _____

**PLEASE DO NOT WRITE BELOW THIS LINE.
FOR COMMITTEE USE ONLY.**

DATE APPLICATION RECEIVED: _____

INFORMATION VERIFIED: _____

CONFIRMATION SENT: _____

DATE OF FINAL NOTIFICATION: _____