

New Jersey State First Aid Council, Inc.
The Gail Lawrence Memorial Scholarship Fund
Medicine related Graduate School Scholarship Application
DUE DATE JANUARY 19, 2008

Name _____ Telephone # _____
Address _____ Email _____
City _____ Date of Birth _____
State & Zip _____

Current Employer _____

Employer's Address _____

High School you graduated from _____ Year _____

College your undergraduate degree is from _____ Year _____

What was your undergraduate major? _____

Graduate College you are attending? _____

What is your graduate major? _____

What is your grade point average? _____

Provide undergraduate transcripts and transcripts to date from graduate school.

Are you or have you ever been a member of a first aid or rescue squad _____

If yes, please specify _____

Dates you were a member from _____ To _____

Are you related to or know any member of a first aid or rescue squad? _____

If yes, please identify the person, squad and your relationship _____

Please provide a copy of your last years' tax return

Estimated income for this year \$ _____

How are you financing your graduate education? _____

