

**2010 Marianne Willis 477 Scholarship Application**  
**FOR PARAMEDIC STUDENTS ONLY**

This application must be completed and returned no later than March 1, 2010 to:

New Jersey State First Aid Council  
Attn: Marianne Willis Scholarship Applications  
c/o Kenneth Weinberg  
P.O. Box 347  
Pittstown, NJ 08867

Any questions regarding this application or the scholarship program can be addressed by  
emailing [ken.weinberg@comcast.net](mailto:ken.weinberg@comcast.net)

**APPLICANT INFORMATION:**

**Part 1**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

**Part 2**

EMS Affiliation(s): \_\_\_\_\_

\_\_\_\_\_

Organization(s): \_\_\_\_\_

\_\_\_\_\_

Total length of EMS service(s) years: \_\_\_\_\_

Average number of service hours per week: \_\_\_\_\_

Average number of service hours per month: \_\_\_\_\_

Indicate your current certifications (EMT, CPR, First Responder, etc): \_\_\_\_\_

\_\_\_\_\_

Additional certifications/education/leadership positions/awards/special recognition: \_\_\_\_\_

\_\_\_\_\_

Captain / President / Advisor: \_\_\_\_\_

Telephone: \_\_\_\_\_



