

**2008 Marianne Willis 477 Scholarship Application**  
**FOR PARAMEDIC STUDENTS ONLY**

This application must be completed and returned no later than May 31, 2008 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 [k.weinberg@patmedia.net](mailto:k.weinberg@patmedia.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: \_\_\_\_\_



