



New Jersey State First Aid Council, Inc.

Cadet Scholarship Committee

2008 CADET SCHOLARSHIP APPLICATION

This application must be completed and returned no later than **March 1, 2008** to:

Mary Claire Shiber, Chair
New Jersey State First Aid Council Cadet Committee
28 Nathan Way
Wayne, NJ 07470

Any questions regarding this application or the scholarship program can be addressed by email to Mary Claire Shiber, Cadet Committee Chair at cadet@njsfac.org

APPLICANT INFORMATION:

1. APPLICANT'S NAME: _____

ADDRESS: _____

APPLICANT'S
TELEPHONE:

HOME (____) _____

CELL (____) _____

2. FIRST AID/RESCUE SQUAD: _____

SQUAD CAPTAIN/PRESIDENT/ADVISOR: _____

HOME TELEPHONE: (____) _____

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

SCHOOL STATUS: ACCEPTED / NO WORD YET

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-B _____ 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.

11. In the space provided below, please explain why you feel that you are qualified for the awarding of a cadet scholarship. Please include any recognition that you have received from your squad or high school. You may also attach photocopies of certificates, awards, etc. Please attach additional sheets detailing your qualifications if necessary.

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 secondary education.

APPLICANT
SIGNATURE: _____ DATE: _____

APPLICANT CERTIFICATION: (to be filled out by squad personnel only)

SQUAD OFFICER CERTIFICATION:

I am currently the _____ of the _____
SQUAD and can attest that _____ is a member in good
standing of our organization. **I also agree to forward a letter of recommendation on
behalf of the applicant to the Cadet Committee.**

CAPTAIN/PRESIDENT/CADET ADVISOR SIGNATURE:

DATE: _____

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

DATE APPLICATION RECEIVED: _____

INFORMATION VERIFIED: _____

CONFIRMATION SENT: _____

DATE OF FINAL NOTIFICATION: _____

New Jersey State First Aid Council, Inc.
Cadet Liaison Committee

NOTE: Information provided will be confirmed by the Cadet Scholarship Committee.
Any misrepresentation by the Cadet will be grounds for disqualification from the
scholarship.