

EDGAR COUNTY SPECIAL SERVICE AREA AMBULANCE, INC. MERIT SCHOLARSHIP

This \$1,000 scholarship will be awarded to a high school senior of Paris Cooperative High School planning to major in medicine, nursing, paramedic, or emergency service, but not mandatory. The scholarship is **non-renewable**.

The primary eligibility will be based on the following criteria:

- ___ 1. GPA as indicated by high school transcripts
- ___ 2. ACT or SAT scores
- ___ 3. Extracurricular activities
- ___ 4. Community activities
- ___ 5. Volunteering
- ___ 6. Personal essay
- ___ 7. Recommendations
 - Two Teachers
 - Two Community

The selection will be articulated by a committee authorized by the Edgar County Community Foundation Scholarship Coordinator. This committee may be comprised of teachers, community, church or professional leaders dedicated to the enrichment of education. The committee may be comprised of 3, 5, or 7 members with no family members or relatives involved in the selection process.

Submissions must be sent to:

Paris Cooperative High School Guidance Office
c/o Cyndi Patrick, Scholarship Coordinator for
the Edgar County Community Foundation, Inc.

For questions regarding this award, call Cyndi Patrick, 217-465-2003

In the event that the recipient receives a full-ride scholarship from another source, this scholarship award will be deemed null and void.

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Date _____ Gender _____ Phone _____

Name _____

Address _____

Date of Birth _____ Present Grade in School _____

Please provide the following:

	NAME	OCCUPATION
Father:		
Mother:		

Name of step-mother, step-father, and/or guardian if applies.

How many brothers and sisters do you have? _____

- A. How many are younger than you? _____
- B. How many are older than you? _____
- C. How many will be in high school this year? _____
- D. How many will be in college or trade school? _____

Post-secondary institution you will be attending: _____

The scholarship will be issued to the institution of higher learning the award winner is attending. The monetary award may be applied to tuition, books, or required fees as directed by the institution.

I hereby apply for the above scholarship and certify that the information in this entire application is true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may cause this application to be void and any scholarship received to be rescinded.

Applicant's signature

I certify that the above confidential information is true, complete and correct to the best of my/our knowledge and belief. I understand that any misstatement by the undersigned could cause this application to be void and any scholarship received in reliance on this information will be rescinded. I give permission for the scholarship committee to access my student's school records regarding attendance and discipline.

Applicant's parent or guardian signature

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Office Use Only

Current GPA _____

ACT Score _____ or SAT Score _____

Please attach a current high school transcript including first semester of senior year.

List three personal references and telephone numbers: (do not list family members)

1. _____
2. _____
3. _____

Applicant's estimate of educational expenses for the school year.

Please attach a (MAXIMUM) one-page double spaced essay reflecting your reasons for wanting to major in a medical field.

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