New Student Scholarship
Blinn College EMS Program

The Blinn College EMS Student Association along with the EMS Program is proud to offer this scholarship to students interested in pursuing a career in Health Sciences, specifically Emergency Medical Services.

**Eligibility Requirements**

- 18 or older
- Recent high school graduate (graduating spring of the current year or within 3 years prior)
- Identified financial need
- Interest in the medical field
- Must meet requirements for entry to Blinn College and the EMS Program.

**Scholarship Deadline for Fall 2016:**

**July 15, 2016**

As part of the application process you are required to submit the following items:

- Completed Application Form
- High School Transcript (may be sent directly to program)
- College Transcript (if applicable, may be sent directly to program)
- Personal statement of financial need (250 word maximum)
- Personal statement about interest in medical field and serving the community (250 word maximum)
- Recommendation from teacher or adult influence (can not be a parent or family member)

**Completed applications should be mailed or submitted in person to the EMS Program office by the deadline:**

**July 15, 2016**

Blinn College EMS Program – EMS Student Scholarship
Attn: Mally Hance, Administrative Assistant
Texas A&M Health Science Center
Clinical Bldg. 1, Ste 2500
Bryan, TX 77807

For more information please contact the EMS Program:
Mally Hance, Administrative Assistant               Kimberley Decker, Faculty Advisor for EMSSA
979.691.2130                                          979-691-2089
Mally.hance@blinn.edu                                  Kimberly.decker@blinn.edu
Name: ________________________________________________________________

Address: _____________________________________________________________________________________

Street Address     Apt #

___________________________________________________________________________________

City     State     Zip

Contact Phone Number: (_____)(_____)-____________

E-mail: ______________________________________________________________________________

Date of Birth: _____/_____/________

High School: ________________________________ City ____________________

I have attached the following:

_____ High School Transcript or

or   _____ High School Transcript - I have requested this to be sent to the program directly

_____ College Transcript (if applicable)

or   _____ College Transcript (if applicable) – I have requested this to be sent to the program
directly

_____ Personal statement of financial need (250 word maximum)

_____ Personal statement about interest in medical field and serving the community
   (250 word maximum)

_____ Recommendation from teacher or adult influence (cannot be a parent or family member)

***Please note: Incomplete applications will NOT be eligible for award***

Student Signature: ______________________ Date: _________________

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For internal use only:

Application Received Date: ___________ AY: _____ Term: _____

Received by: _____________________ Department: ____________________

Scholarship Committee Decision: ___ Approved  ___ Declined

Recommended amount of Award: $ ______________