



APPLICATION FOR THE DOLORES "DEE" ZIOBRO SCHOLARSHIP

2019

Dolores "Dee" Ziobro Scholarship Program: The purpose of the Program is to provide recognition of achievement and ability, and to assist the community through their actions on a First Aid/Rescue Squad, as well as other volunteerism within their community, that are members in good standing of the New Jersey State First Aid Council in continuing their education in an accredited college, university, or trade school. Scholarships are awarded on the basis of merit as determined by a Selection Committee whose decisions are final. Financial ability of the applicant shall not be a factor in the selection process. Applicant must have applied to and be planning to enroll or be currently enrolled and pursue a course of study in an accredited college, university or trade school. Applicant must be a currently active member of a First Aid/Rescue Squad for a minimum of one year that is a member of the New Jersey State First Aid Council.

The following questions are designed to collect information about your background, interests, and your college and career plans. Your answers to these questions will be used only in connection with your application for this scholarship and will be seen only by the Selection Committee.

VERY IMPORTANT: Please type, or print using black ink

Please indicate how you heard about this program (check one or more if application)

- First Aid/Rescue Squad Meeting
- New Jersey State First Aid Council Website
- New Jersey State First Aid Council Convention
- Another Convention or Conference (name)
- Magazine (name)
- Another organization (name)
- Other

A. Applicant

Legal name in full _____
Last First MI

Permanent home address _____
Number and Street City State Zip Code

Home phone (_____) _____

Cell phone (_____) _____ E-Mail address _____

First Aid/Rescue Squad _____

District _____ Area (circle one) North/Central/South

Date of birth _____ Check one: Male Female
mo/day/yr

B. Education

1. _____ Phone (_____) _____
Name of High School

Number and Street City State Zip Code

2. Date of graduation from high school _____
mo/yr

3. Name and address of the colleges, Universities, or trade schools you have applied to, and acceptance status

Name of School and Location Accepted/Waiting

Name of School and Location Accepted/Waiting

Name of School and Location Accepted/Waiting

Name of School and Location Accepted/Waiting

Name of School and Location Accepted/Waiting



E. Applicant Certification

I certify that the above information is accurate and complete, and that any financial support received from the Dolores "Dee" Ziobro Scholarship will be used in continuing my education in an accredited college, university or trade school. I acknowledge that the above information will be verified by the Selection Committee, and any misrepresentation will be grounds for immediate disqualification from consideration for the Dolores "Dee" Ziobro Scholarship. I hereby give the express permission to the New Jersey State First Aid Council to share any or all of the information/data I have provided in support of this application with members of the Selection Committee.

Signature of applicant _____ Date _____

F. Officer Certification (Completed by Squad Personnel Only)

I am the _____ of the _____ First Aid/Rescue Squad, and I attest that _____ is a Member in good standing with our organization. I agree to provide a letter of recommendation on behalf of the applicant to the Selection Committee. I further attest that our Squad is a member in good standing with the New Jersey State First Aid Council.

Signature of Chief/Captain/President _____ Date _____

Home Phone (_____) _____

Cell Phone (_____) _____ E-Mail Address _____

G. ALL APPLICATION MATERIALS, INCLUDING RECOMMENDATIONS MUST BE SUBMITTED IN ENGLISH.

APPLICATIONS MUST INCLUDE:

- 1. Completed application form.
- 2. One letter of recommendation from the First Aid/Rescue Squad Captain/President. The goal of the recommendation letter is to learn about you, your goals, abilities, accomplishments, and attributes. This letter of recommendation **must be enclosed in a separate and sealed envelope with this application.**

Applicants are solely responsible for ensuring that the application package - the application form, the recommendation, and any other pertinent data are submitted to:

**Dolores "Dee" Ziobro Scholarship Selection Committee
c/o WMEMS
345 Highway 9 South
Suite 358
Manalapan, NJ 07726**

by the Postmark Deadline Date of August 1, 2019

If you have any questions prior to submitting application materials, please contact Tracie Cuccia via email at tracie.cuccia@wmems.com

For Selection Committee Use Only

Application Received _____
Date

Information Verified _____
Date

Final Notification _____
Date
