

Carlos R. Lillo

Memorial Scholarship Foundation

Paramedic Program Application

The Paramedic Carlos R. Lillo Memorial Scholarship Fund
46 Englewood Terrace
Mahopac, New York 10541
ATTN.: John Conroy

Instructions:

Print or type all information in the spaces provided. Attach additional sheets as needed. **Failure to complete the form or submit the required documentation may result in a rejection of your application.** Return completed application with a copy of your NYS EMT certification to the selection committee at the address listed above. If you have any questions, **call John at (914) 220-2244 or Email: jcbowl900@aol.com**. This document is also available to download online by visiting the Carlos Lillo Memorial Scholarship fund website at www.carloslillo.com.

Confidential:

Application Information (Print or type):

Name: _____ SSN# _____
(LAST) (FIRST) (M.I.)

Address: _____
(NUMBER AND STREET) (CITY) (STATE) (ZIP)

Day Time Telephone: () _____ Evening Telephone: () _____

Email: _____

Date of Birth: ____/____/____ (Applicants must be at least 18 years old)

EMS Affiliation: _____ Years as an EMT: _____

Years 911 EMT Experience: _____

(A) EMT No: _____ NYS EMT Level: _____
(EMT, EMT-D, EMT-CC, etc.)

Original Certification Date: ____/____/____

<u>Institution(s) Name</u>	<u>Location</u>	<u>Type of Degree/Credit</u>	<u>Dates</u>
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High School: _____

College: _____

Other: _____

List all other EMS, medical, health, or courses/conferences/training (other than re-certification programs) that are applicable.

Name of Course/Conference/Training: Location: Dates Attended:

EMS Experience: Paid and volunteer activities. List chronologically:

Where: Job Title: Dates: Hours/Month: Supervisor & Phone #:

References: List two references who are familiar with your EMS activities:

Name: Address: City, State, and Zip: Phone Number(s):

Have you ever applied to an A-EMT-CC or Paramedic Program any where in the USA?

[] No. [] Yes. If Yes, fully describe the reason(s) you did not complete the program and provide the CIC's name with a phone number.

Other History:

- Have you ever been arrested? [] **No** [] **Yes**
- Are you named in any order of protection? [] **No** [] **Yes**
- Have you ever been admitted to a health facility
For substance abuse/addiction? [] **No** [] **Yes**

Certification Statement:

I, the undersigned, acknowledge that the information set forth in these documents is true and accurate. I also give permission to the selected committee members of The Carlos R. Lillo Foundation to contact the listed references and to conduct background investigations. I understand that any information given by these References will remain confidential between the Foundation and the Reference. I also understand that false or misleading information can be grounds for dismissal from the applicant pool of the program.

Signature of Applicant

Date

ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION FORM:

- [] A cover letter of introduction as well as a 300-word essay explaining your interest in the Field and/or program, why you deserve the scholarship and how it will help you achieve your future goals. Financial need may be stated in cover letter or essay.
- [] A copy of your EMT card
- [] A copy of any other related EMS/Medical/License documents
- [] Two letters of recommendation from individuals other than those listed above.
- [] Any other material relevant to this application. (i.e., resume)

----- **FOR OFFICE USE ONLY** ----- **DO NOT WRITE BELOW THIS LINE** -----

Complete? [] Yes [] No _____

- 1. Initial On: Rating
- 2. Initial On: Rating

PLACE COPY OF EMT CERTIFICATE HERE

