

# GARY GOERTZ MEMORIAL PARAMEDIC SCHOLARSHIP

## SPONSORED BY FREEMAN AMBULANCE SERVICE

Freeman Ambulance Service will provide \$500.00 for the annual Scholarship

To Be eligible the applicant must meet one of the two following requirements:

Be a **South Dakota** resident currently enrolled in a state approved paramedic program  
**or**

Be a non-South Dakota Resident currently enrolled in a state approved paramedic program in **South Dakota**.

Please include the following with your application:

- 1) Application Form
- 2) Resume of your past work experience both in and out of EMS
- 3) Two (2) **signed** letters of recommendation, one of which must be from someone involved in EMS, such as your ambulance director, another EMT or ambulance board member
- 4) A copy of your state EMT certification or National Registry card

Applications **must be received by October 1, 2011**. Applications received after that date will not be considered. The scholarship will be awarded at the end of October.

If you have any questions, you may contact Freeman Ambulance Service at:

[ambulance@cityoffreeman.org](mailto:ambulance@cityoffreeman.org)

605-925-4542

Please send your application to: Freeman Ambulance Service

Attn: Goertz Scholarship

P.O. Box 178 Freeman, SD 57029

Printable applications are available on the SDEMTA website at <http://www.sdemta.org> click the AWARDS & SCHOLARSHIPS tab.

# GARY GOERTZ MEMORIAL PARAMEDIC SCHOLARSHIP

## APPLICATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

School at which you are enrolled \_\_\_\_\_

Please give us the name and phone number of a contact person at your school (your instructor or director of the EMS program).

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

On a separate sheet of paper, please answer the following questions.

Why do I want to become a paramedic?

Where do I want to be in my profession as a paramedic in five years?

Attach a copy of your work resume, both in and out of EMS.

Include a copy of your state EMT certification card or NREMT card.

Include two (2) **signed** letters of recommendation, one of which must be from someone involved in EMS.

**Make sure your application is complete! Incomplete applications will not be considered for the scholarship.**

Please Return To:

**Freeman Ambulance Service**

**Attn: Goertz Scholarship**

**P.O. Box 178**

**Freeman, SD 57029**

**(Must Be Received By October 1, 2011)**