



memsa

MISSOURI EMERGENCY MEDICAL SERVICES ASSOCIATION

www.memsa.org

425 East High Street Jefferson City, MO 65101 Phone 888-410-1557 Fax 573-761-9961

MEMSA Scholarship Application

***NOTE:** You must include a statement of your reason for applying for this scholarship, description of your need for financial assistance and other financial resources to be used to achieve your continued education plan AND two letters of recommendations with this application to be considered.

Please print or type

Phone No. _____

Application Date: _____

Current MEMSA Member?

Please Circle One: Yes No

Last Name	First Name	MI
EMS Affiliation:		
Employer:		# of Hours Worked Per Week:
Employer's Address:		
If scholarship is awarded, social security number will be required.		
Date of Employment:	Annual Gross Income:	Annual EMS Income:
How did you learn about this Scholarship?		
Check if you have previously applied for or received a MEMSA Scholarship:		
<input type="checkbox"/> Applied for MEMSA Scholarship		<input type="checkbox"/> Received MEMSA Scholarship
Educational Program Information		
Name of Institution:		
Type of Program:		
Location (City)		Tuition
For MEMSA Office Use Only		
Date Received:		Date Reviewed:
Approval Recommended	Amount	Not Recommended
<input type="checkbox"/>	_____	<input type="checkbox"/>

(Signature of Committee Member)

(Signature of Committee Member)