



EAST HAMPTON AMBULANCE ASSOCIATION INC.

4 Middletown Avenue, P.O. Box 144

East Hampton, CT 06424

Neighbors Helping Neighbors Since 1953

www.ehems.org

EAST HAMPTON AMBULANCE ASSOCIATION MEMORIAL SCHOLARSHIP

APPLICATION INSTRUCTIONS

Please follow the directions below for the East Hampton Ambulance Association Memorial Scholarship. Submit the application by September 30. Late applications will not be accepted. Notification of awards will be in October, and the presentation date will be announced at that time.

Requirements:

- Must be a resident of East Hampton or Haddam Neck.
- Must have completed at least one year of studies in an allied health program OR be a member of the East Hampton Ambulance Association enrolled in a program to further your education.

We look forward to receiving your application.

On a separate sheet, please provide the following information:

PERSONAL INFORMATION

- Name
- Home Address
- Phone Number
- Email Address

EDUCATION INFORMATION

- High School, Graduation Year
- Current Educational Institution
- Field of Study

EXTRACURRICULAR ACTIVITIES

- Employment experience (including roles and responsibilities)
- Volunteer experience (including roles and responsibilities)
- Additional areas of interest (including roles and responsibilities)

ESSAY QUESTION

Please write a short essay on what your education goals are and why you are deserving of this scholarship. This may include information on your financial circumstances and any personal experiences that have influenced your desire to pursue your chosen field.

Mail application to:
East Hampton Ambulance Association
c/o Liz Whitty
PO Box 144
East Hampton, CT 06424

Email application to:
LWhitty@ehems.org