



# CRAWFORD COUNTY MEMORIAL HOSPITAL

## EMS Scholarship Application

NAME \_\_\_\_\_

ADDRESS (City, State, Zip) \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

### CRITERIA

1. Scholarship Checks will be made payable to DMACC, Carroll.
2. Deadline to submit Scholarship Application is August 13, 2021.
3. Only those applications which are complete, accurate and received by the deadline will be considered.
4. CCMH will notify all applicants by email of the status of their application.
5. EMS Scholarships are not awarded for course work already taken.

COST OF PROGRAM: \$1340.00      START DATE OF PROGRAM: August 25,2021

EMS Training Program : DMACC, Carroll Campus

HAVE YOU OFFICIALLY ENROLLED IN THIS PROGRAM? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, DESCRIBE OTHER FINANCIAL AID RECEIVED:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE ANSWER THE QUESTIONS BELOW:

1) What is your current volunteer experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Briefly describe the importance of First Responders. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Do you meet the minimum requirements of the DMACC program? \_\_\_\_\_ YES \_\_\_\_\_ NO

4) Are you capable of passing both a urine drug screen and a background check? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF I AM A RECIPIENT OF THIS SCHOLARSHIP, I AGREE, UPON SUCCESSFUL COMPLETION OF THE COURSE, TO WORK IN THE EMS FIELD IN CRAWFORD COUNTY FOR A PERIOD OF ONE YEAR. IF I FAIL TO DO SO, I AGREE TO REPAY THE SCHOLARSHIP AMOUNT IN FULL TO CCMH.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**APPLICATIONS SHOULD BE RETURNED TO:**

**Deadline for Submission: August 13, 2021**

Douglas Hollander, CNO  
Crawford County Memorial Hospital  
100 Medical Parkway  
Denison, IA 51442  
[dhollander@ccmhia.com](mailto:dhollander@ccmhia.com)