

Tom Timms Memorial Scholarship
APPLICATION

NAME _____ SEX _____

HOME ADDRESS _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____

HIGH SCHOOL ATTENDED _____

PARENTS' OR GUARDIANS' NAMES _____

FATHER'S OCCUPATION _____

MOTHER'S OCCUPATION _____

NUMBER OF CHILDREN LIVING AT HOME _____

NUMBER OF CHILDREN IN COLLEGE _____

IS OUTSIDE FINANCIAL ASSISTANCE NECESSARY TO BEGIN AND COMPLETE A
FOUR-YEAR EDUCATION? YES NO

IF YES, PLEASE EXPLAIN WHY _____

NAME AND TELEPHONE NUMBER OF THREE REFERENCES:

GIVE NAMES OF COLLEGES TO WHICH YOU HAVE APPLIED _____

HIGH SCHOOL GRADE POINT AVERAGE _____ ACT SCORE _____

CLASS RANK _____ SAT SCORE* _____

*IF AVAILABLE

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LIST ALL EXTRA CURRICULAR ACTIVITIES DURING YOUR HIGH SCHOOL CAREER, BOTH IN SCHOOL AND OUTSIDE OF SCHOOL. (Attach a separate sheet if necessary)

Activity	Dates

To be eligible for the scholarship, a student must:

1. Be pursuing an education in the EMS or Medical Profession.
2. Essay: Why You Are Pursuing an Education in the EMS OR Medical Profession. (Not to exceed 750 words-attach to application on separate sheet of paper)
3. Plan to enroll in college as a full-time student.
4. Show examples of leadership in community or school programs.

The winner of this scholarship will receive a \$500 one-time award paid directly to a college or university.

RETURN APPLICATIONS TO YOUR HIGH SCHOOL GUIDANCE COUNSELOR BY MARCH 8, 2024.