

# *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 6, 2026.**