



International Rescue & Emergency Care Association

PO Box 431000, Minneapolis, MN 55443 — (612) 314 - 9532

Past President's Educational Scholarship

In order to be considered eligible for this award, the applicant must submit the following in this order:

1. This cover document.
2. Completed Scholarship Application
3. **College students:** A copy of your unofficial transcript from the most recent term. **High school students:** A copy of your high school transcript as well as a letter of acceptance from the college or university you plan to attend.
4. A one page (250-300 word), double spaced personal statement describing yourself, including your strengths & weaknesses, your goals & plans to reach them, and why you chose the field of medicine as your intended career path.
5. A one page (250-300 word), double spaced essay explaining why you feel you should receive the IRECA Past President's Educational Scholarship, and what you intend to use it for should you be awarded it. Please include details of the type of medical program you are in or planning to be in.
6. Two letters of recommendation
 - a. One from a community member familiar with your personal accomplishments
 - b. One from a qualified medical instructor of the program or field you plan to major in. This individual does not need to be currently instructing a class you are taking.

I certify that the information contained in this application is factual and correct. My signature below indicates acknowledgement that if I am awarded the IRECA Past President's Educational Scholarship, I grant IRECA to use my name and image in any promotional or informational bulletins as they see fit for the purposes of increasing awareness of the Association, it's goals & mission, and it's membership body.

SIGNATURE OF APPLICANT

DATE

All information contained in this application is confidential. Applications are used to rank applicants, and the entire application packet is considered "fair game" when making a decision regarding who to award the scholarship(s) to at the Awards Banquet.

Please submit the application packet no later than two weeks prior to the annual conference.



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Application

Please complete the following fields.

FULL NAME _____

STREET ADDRESS _____

CITY, STATE _____ ZIP CODE _____

PHONE NUMBER _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ AGE _____

EDUCATION

Please list all schools attended in past 3 years - include high school if applicable.

SCHOOL NAME	ADDRESS	DEGREE & MAJOR	YEAR GRADUATED

If accepted to a school, but not enrolled - please complete the following information

SCHOOL NAME	ADDRESS	DEGREE & MAJOR

Will you be enrolled in the degree program greater than half-time? _____

Do you plan to work greater than part-time while in this program? _____

When do you anticipate completion of this degree? _____



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EMPLOYMENT HISTORY

Please list all places of employment held within the past four (4) years. Please indicate the dates of your employment, as well as a brief description of your duties.

EMPLOYER	JOB TITLE	START DATE	END DATE	DUTIES

EXTRA-CURRICULAR ACTIVITY HISTORY

Please describe any extra-curricular activities you have been involved in related to your academic goals. Please complete each field and use additional pages as necessary.

ACTIVITY OR EXPERIENCE	ROLE	START DATE	END DATE	BRIEF DESCRIPTION

AWARD HISTORY

Please list any awards earned relevant to your academic or personal goals.

AWARD	AWARDING ORGANIZATION	DATE CONFERRED	BRIEF DESCRIPTION