

APPLICATION FOR CCMH PARAMEDIC SCHOOL SCHOLARSHIP

CONTACT INFORMATION:

Name: _____

Present Address: _____

Telephone: _____

Email: _____

EDUCATION INFORMATION:

High School Diploma: Yes No

(If applicable):

NREMT #: _____

ND EMT License #: _____

Level licensed at: _____

QUESTIONS:

1.) Have you had any experience working in emergency medical services? Explain.

2.) What makes you interested in being a paramedic?

3.) What skills, licensures, education background, etc. do you have that would make you excel in paramedic school and in the career as a paramedic?

4.) What obstacles do you foresee having to overcome while pursuing your paramedic degree and while being a paramedic?

5.) The position at CCMH is not only a paramedic position but also an Assistant Ambulance Director position. What skills do you have that would make you a good leader and an asset to the Ambulance Director?

Applicant Signature

Date