

## **UNITY SERVICE AMBULANCE ASSOCIATION POST-SECONDARY SCHOOL SCHOLARSHIP**

### **GENERAL INFORMATION:**

Unity Service Ambulance Association served South Harrison Township for over thirty years. The men and women of this distinguished organization were not only active EMS responders, but extremely dedicated to the community.

Through the dissolution of the Unity Service Ambulance Association in 2011, the members established a scholarship program to benefit the children of South Harrison Township.

The scholarship program will award an annual post-secondary school scholarship in the amount of \$2,500.00. The scholarship will be payable to the selected student upon graduation from high school.

Please direct any inquiries concerning the eligibility or application submission requirements to:

South Harrison Township  
Unity Service Ambulance Association Scholarship  
P.O. Box 113  
Harrisonville, NJ 08039

### **Scholarship Eligibility:**

1. The Scholarship is limited and restricted to students who reside in South Harrison Township.
2. Eligible students shall immediately pursue a higher education advanced degree following graduation from any Public High School, Private School, Home Schooling, Religious School, Military Academy or other institution meeting the NJ Educational Standards requirements.
3. Preference to individuals who are interested in a career in the medical or nursing field of study, including, but not limited to, EMS Services.
4. Submission of completed application

### **Application Requirements:**

1. Submit a completed application,
2. High school transcript,
3. List of school and community Extracurricular Activities,
4. Two (2) letters of recommendations describing your character and leadership.
5. Short essay on why you should be selected for the scholarship (Single sheet, one side).

# UNITY SERVICE AMBULANCE ASSOCIATION POST-SECONDARY SCHOOL SCHOLARSHIP APPLICATION

A. APPLICANT INFORMATION: APPLICANTS ARE ENCOURAGED TO USE ADDITIONAL SHEETS IF NECESSARY.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last Name First Name Middle Initial

ADDRESS: \_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_ City State Zip Code

HOME PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

GENDER:  MALE  FEMALE

EXPECTED DATE OF GRADUATION: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

GPA: \_\_\_\_\_ CLASS RANK: \_\_\_\_\_

B. I WILL ATTEND THE FOLLOWING SCHOOL THIS FALL: \_\_\_\_\_

\_\_\_\_\_

C. WHAT SPECIALTY/MAJOR DO YOU PLAN TO STUDY? \_\_\_\_\_

\_\_\_\_\_

D. LIST ANY CLUBS AND ACTIVITIES YOU ARE INVOLVED IN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. LIST ANY COMMUNITY SERVICE YOU PERFORMED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. LIST ANY LEADERSHIP POSITIONS YOU HELD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. WHAT ARE YOUR EDUCATIONAL AND PROFESSIONAL GOALS AND OBJECTIVES?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- H. ATTACH:
- a. ESSAY ON WHY YOU SHOULD BE SELECTED FOR THIS SCHOLARSHIP.  
(NO MORE THAN SINGLE SHEET, ONE SIDE)
  - b. HIGH SCHOOL TRANSCRIPT
  - c. TWO (2) LETTERS OF RECOMMENDATION DESCRIBING YOUR CHARACTER AND LEADERSHIP
- =====

I understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

_____ Signature of Applicant	_____ Date
_____ Signature of Applicant's Parent/Guardian	_____ Date

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APPLICATION AND REQUIRED PAPERWORK  
MUST BE SUBMITTED NO LATER THAN **MAY 1<sup>ST</sup>** TO:

South Harrison Township  
Unity Service Ambulance Association Scholarship  
P.O. Box 113  
Harrisonville, NJ 08039

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FOR TOWNSHIP OF SOUTH HARRISON USE:

APPLICATION RECEIVED ON: \_\_\_\_\_

APPLICATION RECEIVED BY: \_\_\_\_\_