



# Jackie Wilkerson Memorial Scholarship Application

Application Deadline: Within twelve (12) months of course completion

Incomplete or late applications will not be considered

Applicant Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

EDUCATION: Circle the highest graded completed High School 9 10 11 12 College 1 2 3 4

EMS Program(s) attended \_\_\_\_\_

Current Tennessee EMS License Number \_\_\_\_\_

Other State Licenses/Certifications \_\_\_\_\_

**EMPLOYMENT INFORMATION:** Current Employer: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Hire Date \_\_\_\_\_

Contact person \_\_\_\_\_ Position \_\_\_\_\_

Other Employment History in the past 5 years Employer	Position	From - To

**EMS PROGRAM INFORMATION:** Level of scholarship requested: ☐ Paramedic ☐ Critical Care Paramedic

Are you currently enrolled ☐ Yes ☐ No Have you been admitted/accepted into a program? ☐ Yes ☐ No

Graduation / Course Completion (Month/Year) \_\_\_\_\_ Please include proof

Program / School \_\_\_\_\_

**AFFIDAVIT:** As an applicant for the Jackie Wilkerson Memorial Scholarship, I hereby certify that the information contained herein is true and correct and I grant the MTEMSDA Scholarship Committee permission to verify any and all information I have provided. Payment will be after successful completion of the course.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

If you will be receiving any other funds (grants, loans, scholarships, etc. Please disclose below. If none, write "None." If your employer is paying for any tuition, please list below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FOR MTEMSDA USE ONLY

Date Received \_\_\_\_\_

Letter- Applicant Received \_\_\_\_ Yes \_\_\_\_ No

Letter- Supervisor Rec'd \_\_\_\_ Yes \_\_\_\_ No

Letter- Recommendation \_\_\_\_ Yes \_\_\_\_ No

Application is legible \_\_\_\_ Yes \_\_\_\_ No

Scholarship Awarded \_\_\_\_ CC \_\_\_\_ EMT

Amount \_\_\_\_\_

Scholarship Denied \_\_\_\_ Yes Reviewer \_\_\_\_\_

## Application Checklist

\_\_\_\_ Completed and signed application

\_\_\_\_ Include verification that expenses have been paid

\_\_\_\_ A single page typed essay explaining why they wish to pursue additional EMS training

\_\_\_\_ A minimum of two (2) letters of recommendation with required information from appropriate people

\_\_\_\_ Include a copy of current TN EMS license

\_\_\_\_ Submit application and supporting paperwork electronically to Dwight Davis - [Dwight.N.Davis@tn.gov](mailto:Dwight.N.Davis@tn.gov)