



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: (____) _____

Tennessee EMS License Number: _____ Expiration Date: _____

License Level: _____ Other Endorsements: _____

EMPLOYMENT INFORMATION:

Current Employer: _____ Hire Date: _____

Contact Person: _____ Phone: _____ Email: _____

Employment History in the past 5 years

Employer	Position	From - To

EMS PROGRAM INFORMATION:

Scholarship requested: Paramedic Critical Care Paramedic Community Paramedic

Date Graduated: _____ 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 permission to verify any and all information I have provided. I understand that payment will be after successful completion of the course and EMS license upgrade.

Applicant's Signature Date

If you will be receiving any other funds (grants, loans, scholarships, etc.) Please disclose below with amount and details. If none, write "None."

Payer: _____ Amount: _____

Payer: _____ Amount: _____

Other: _____

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 ___ PM ___ CPM

Amount _____

Scholarship Status - Approved ___ Denied ___

Date _____

Application Checklist/Guidelines

___ Completed and signed application.

___ Two (2) letters of recommendation from supervisors at your service.

___ Include verification that expenses have been paid.

___ Copy of current TN EMS license.

___ List of itemized expenses not covered by other sources, sign by the Director.

___ A single page typed essay explaining how this additional EMS training will help you and your service.

___ Submit application and supporting paperwork electronically to Dwight Davis - Dwight.N.Davis@tn.gov