**COSHOCTON FOUNDATION**

**Harry c. wilt memorial EMS education grant**

**APPLICATION**

NAME:

ADDRESS:

CITY: STATE:\_\_\_\_\_\_\_\_\_\_\_ ZIP:

PHONE: E-MAIL:

DATE OF BIRTH: \_\_\_\_\_\_\_ GENDER: \_\_\_\_\_M \_\_\_\_\_\_F

PREVIOUS EDUCATION BACKGROUND: (high school attended, year of graduation, any
other post-high school education or training):

CURRENT OHIO EMS CERTIFICATION ❑None ❑ EMR ❑EMT ❑AEMT ❑Paramedic

EMS EDUCATIONAL PROGRAM YOU WILL BE ATTENDING:

ENROLLMENT STATUS: \_\_\_\_\_\_ ACCEPTED \_\_\_\_\_PENDING

PROGRAM START DATE:

SOURCE OF FUNDS FOR PROGRAM: (e.g. savings, loans, grants, etc.)

LIST EMPLOYMENT HISTORY AND PLANS:

COMMUNITY ACTIVITIES:

Please list any unusual or special circumstances such as hardships
that you have had to overcome:

DESCRIBE YOUR GOALS FOR THE NEXT FIVE YEARS, WHY YOU NEED THIS GRANT,
AND HOW RECEIVING THIS GRANT WOULD IMPACT YOUR GOALS. (If additional
space is needed, please use another piece of paper):

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION BY \_\_\_\_\_\_\_\_\_\_\_\_\_TO THE COSHOCTON FOUNDATION, P.O. BOX 55, COSHOCTON, OHIO 43812, OR IN PERSON AT THE COSHOCTON FOUNDATION AT 220 S. FOURTH STREET, COSHOCTON, OH 43812**

**(mail slot in front door may be used if office is closed)**