

**CLINTON VOLUNTEER FIRE DEPARTMENT
35 EAST MAIN STREET
CLINTON, CT 06413**

PHONE (860) 669-8131 FAX (860) 669-7650

JOSEPH M. BATTISTA MEMORIAL SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

PHONE #: (_____) _____

HIGH SCHOOL ATTENDED: _____

YEAR GRADUATED: _____

CRITERIA:

- Acceptance into American Professional Educational Services, Inc., Paramedic Training Program
- Demonstrate involvement in community or voluntary services

ATTACH COPIES OF:

- Written verification of voluntary or community service to include number of hours donated
- Personal statement regarding your goals and aspirations and why you feel this scholarship should be awarded to you. Statement should be typewritten, double spaced and between 1 and 2 pages.*
- Two personal letters of recommendation*
- Verification of acceptance into American Professional Educational Services, Inc., Paramedic Training Program

* These items should **not** be the same ones provided with the Paramedic Training Program Application. The committee is looking for information about you on a more personal level.

Applicant's Signature

Date

Paramedic Program Start Date (i.e. September 2009): _____

Drop off or Mail Application to:
Clinton Volunteer Fire Department
35 East Main Street
Clinton, CT 06413

Attention: Joseph M. Battista Memorial Scholarship Committee