

George Sippel Memorial EMT Scholarship Application

Funded by Cindy Sippel & Orange Cross Ambulance

Full Nam	ne:		
Date of I	Birth:		
Phone Number:			
Email Ad	ddress:		
Home A	ddress:		
City, Sta	ite, ZIP:		
-	School (if applicable):		
	d Graduation Date (if applicable):		
LAPCOIC	a Cradation Bate (ii applicable).		
I am a:	High School Student	Adult Learner	
Eligibi	lity Requirements (Check All That	Apply):	
Pursuing or planning to pursue EMT certification			
	Have high school diploma, GED, or will before training		
	Reside in Sheboygan County or Orange Cro	oss coverage area	
Essay	Requirement:		
Attach a 300–500 word essay addressing: "Why do you want to become an EMT, and how do you hope to serve your community?" Include: - What inspired your interest in EMS - Your goals in emergency services - How this scholarship would help support your training			
Option	nal Information (Check if Applicable	e):	
	Financial need for tuition or fees		
	Volunteer/work experience in healthcare, pu	ublic safety, or service	
Refere	nces:		
1. N	lame:		
	Relationship:		
	Phone or Email:		
2. N	lame:		
	Relationship:		
	Phone or Email:		

Signature: