



2024 Scholarship Application

Robert D. Cirri Memorial Scholarship
Emil Yannetti Memorial Scholarship
William DeLooper Memorial Scholarship
Walter L. Friedrichs Memorial Scholarship
Mary and Edward Ehrenberg Memorial Scholarship
William O. Werner (Bill) Memorial Scholarship



24th District

Instructions:

Please read the accompanying requirements for each scholarship and submit all necessary documentation together with your application. Please check off below on left which scholarship you qualify for and are applying. The Scholarship Committee has the final determination in awarding the scholarships. Your scholarship award will be issued to you upon receipt of your fall 2024 tuition statement. **All parts of the scholarship must be mailed certified/return receipt requested and postmarked no later than May 1, 2024.** Applications should be mailed to Mr. Chuck Parodi, 48 West Grove Avenue, Maywood, New Jersey 07607-1548. Any further inquiries can be answered by calling 201-843-6966.

Indicate below which scholarships you are applying for. For all scholarships, applicants must be a graduating high school senior or presently attending a college or vocational school. The applicant must be an EMT certified riding member of an EMS squad or child of an EMT certified riding member of an EMS squad.

- Letters of recommendation: Two letters of recommendation are required. One letter should be from the captain of the EMS squad for which you or your parent are a member. The second letter must be from a high school or college teacher you had as an instructor. Letters must be signed by recommending person and include an address and telephone number where they can be reached.
- Transcript: You must include your high school transcript (including senior year classes), class ranking (if available), GPA, and if graduated from high school, a transcript of the present institution of higher learning you are attending.
- Test Scores: SAT or ACT scores
- EMT card: You must include a copy of your EMT card, or if applying as a child of an EMT, the parent's EMT card.
- Essay: Complete and include essay #1, #2 or #3 on a separate piece of paper.

Robert D. Cirri Memorial Scholarship

Applicants may be a graduating high school senior or presently attending a college or vocational school. The applicant must be an EMT certified riding member of an EMS squad or child of an EMT certified riding member of an EMS squad.

Emil Yannetti Memorial Scholarship

This scholarship is open ONLY to persons whose squad is a member of the 24th District, NJSFAC.

William DeLooper Memorial Scholarship

This scholarship is sponsored and given by VCI Emergency Vehicles Specialists of Berlin, New Jersey. This scholarship is open to all persons whose squads are members in good standing with the NJSFAC.

Walter L. Friedrichs Memorial Scholarship

This scholarship is sponsored and given by V.E. Ralph Emergency Medical Products of Kearny, New Jersey. This scholarship is open to all persons whose squads are members in good standing with the NJSFAC.

Mary and Edward Ehrenberg Memorial Scholarship

This scholarship is sponsored and given in memory of Mary and Edward Ehrenberg of Paramus, New Jersey by their daughter Irene A. Fortunato and grandson, Edward P. Abramov. Longtime residents of Paramus, NJ, they collectively lived 180 years and in later life depended heavily on their town's EMS services. Preference will be given to applicants who are members of the Paramus Volunteer Ambulance Corps or Paramus Emergency Medical Services followed by neighboring EMS Council of New Jersey squads. This scholarship is open to all persons whose squads are members in good standing with the NJSFAC.

William O. Werner (Bill) Memorial Scholarship

This is sponsored and given by the 24th district of the EMS Council of NJ; this scholarship is open ONLY to persons whose squad is a member of the 24th district, NJSFAC in good standing. William O. Werner (Bill), was a local paramedic and an active volunteer with the Wallington Fire Dept., Wallington Emergency Squad and had been the 24th Treasurer for many years. This scholarship was made possible by a generous donation from Zion Lutheran Church in which he was also a member for many years.

Complete the following (type or print neatly)

Name of applicant _____
(last) _____ (first) _____ (middle)

Home address _____
(number & street)

Home phone _____ Cell phone _____

Date of birth _____

Name of high school attended _____

Name of college attending (if applicable) _____

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Parent's marital status: _____ married _____ divorced _____ separated

List brothers and sisters supported by your parents:

| Name | Age | Relationship |
|-------|-----|--------------|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

List school activities. Include such activities as clubs, athletics, class office held, etc. Indicate what years participated and advisor's name for each activity.

| ACTIVITY | POSITION HELD | YEARS | ADVISOR'S NAME |
|----------|---------------|-------|----------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

List community activities. Include such activities as scouting, church organization, service activities, etc

| EMPLOYER | POSITION HELD | YEARS | SUPERVISOR'S NAME |
|----------|---------------|-------|-------------------|
|----------|---------------|-------|-------------------|

List work experiences.

| EMPLOYER | POSITION HELD | YEARS | SUPERVISOR'S NAME |
|----------|---------------|-------|-------------------|
|----------|---------------|-------|-------------------|

List special awards/ recognition you have received:

What course of study do you plan to take in college?

List the college/universities (in order of preference) to which you have applied:

| College/university | Tuition per year | Room & Board per year |
|--------------------|------------------|-----------------------|
|--------------------|------------------|-----------------------|

Applicant's ambulance squad service/training:

Name of squad: _____

Length of service on squad: _____ years _____ months

Training certification: attach a copy of applicant's EMT and CPR certification Please list any positions held or recognition given to you by your squad: _____

Parent of applicant's ambulance squad affiliation (if applicable): _____

Name of squad of which parent is an active member: _____

Parent's length of service on squad: _____ years _____ months

Attach a copy of parent's current EMT certification.

List any position held by parent in their respective squad and/or NJSFAC:

Essay: Answer **any one** of the following statements in a well-written essay format:

Essay #1 Explain why you joined an EMS squad and how it has affected you in terms of attitude, responsibility, maturity, and self-esteem.

Essay #2 List three problems facing most EMS squads in New Jersey today. After identifying these problems, realistically give possible solutions in how you would address these problems.

Essay #3 After discussing with your parent why he/she joined their respective squad, write an essay on how being an EMT has affected his/her life. Include both the positive and negative aspects that come with membership

Applicant Certification

I certify that the above information is accurate and complete, and that any financial support received from the 24th District Scholarship Fund will be used in my education in an accredited college, university or trade school. I acknowledge that the above information will be verified by the Selection Committee, and any misrepresentation will be grounds for immediate disqualification from consideration for the Scholarship

I hereby give the express permission to The 24th DISTRICT OF THE EMS Council of New Jersey to share any or all of the information/data I have provided in support of this application with members of the Selection Committee.

Signature of applicant _____ Date _____

Officer Certification (Completed by Squad Personnel Only)

I am the _____ of the _____ First Aid/Rescue Squad, and I attest that _____ is a Member in good standing with our organization. I agree to provide a letter of recommendation on behalf of the applicant to the Selection Committee. I further attest (**IF APPLICABLE**) that our Squad is a member in good standing with the New Jersey State First Aid Council (submission and acceptance of Annual Reports, Dues & Standards Inspections).

Signature of Captain or President _____ Date _____

Cell Phone (_____) _____ E-Mail Address _____