

# Legacy Scholarship Guidelines

## Qualifications

Applicants must be the son or daughter of a career or volunteer Emergency Medical Technician (EMT), Paramedic, or Firefighter (active, formerly active, retired or deceased) who is interested in a career in Emergency Medical Services (EMS).

Eligible applicants must plan to attend a State approved EMT Basic certification program or increase their level of certification through an EMT Intermediate or Paramedic program.

## Guidelines

Applicants must submit a single page typewritten essay explaining why they wish to pursue an EMT career or to further their training.

A minimum of 2 letters of recommendation are required. Recommenders should provide at least the following information:

- Recommender's name and Applicants name;
- Recommender's contact information including phone number, address, and e-mail;
- Length of time acquainted with and relation to applicant.

If the applicant is currently with an EMS, Fire or Health Care agency, one of the recommendations should be from a supervisor. Recommendations from relatives are not permitted.

## Scholarship Awards

Selection of recipients will be made without discrimination as to race, sex, creed, or national origin. Awards will be based on the following structure:

- EMT-B program - Potential of 50% of program fees up to \$500.
- EMT-I or EMT-P - Potential of 50% of program fees up to \$2,000.

Scholarship awards will be based on merit and need. Awards shall be made payable to an educational entity in the name of the scholarship recipient. If the recipient does not complete the program, he or she will be expected to return the award so that it may be allocated to another applicant. Awards made to applicants currently attending EMT-B, EMT-I or EMT-P programs will only be eligible to receive an award for future tuition. The student must have applied or actively be enrolled for current or future classes at the time the scholarships are awarded and paid.

## Important Dates

**April 25, 2025:** Twenty-second round scholarship applications and materials due

**June 20, 2025:** Decisions on the twenty-second round of scholarships

**July 11, 2025:** Notification to be received by candidates

*\*\* Only those applications postmarked by the due dates will be accepted.*

*\*\* Applicants whose programs do not start until after the following scholarship round will be held over for review.*

## Applications

Visit [boundtree.com/scholarship-program](https://boundtree.com/scholarship-program) for an application. Completed applications can be sent via mail or email to:

**Bound Tree Medical**

**Attn: Scholarship Fund**

**PO Box 8023**

**Dublin, OH 43016**

**[scholarships@boundtree.com](mailto:scholarships@boundtree.com)**

## Contact Us

Please direct any questions to:  
**[scholarships@boundtree.com](mailto:scholarships@boundtree.com)**

# Legacy Scholarship Application

## Applicant Information

Name \_\_\_\_\_  
Address \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_ DOB \_\_\_\_\_

## Legacy Information

Name(s) of Legacy \_\_\_\_\_ Relationship \_\_\_\_\_  
Name of Station \_\_\_\_\_ Position \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Check all the following that apply to the legacy:  Active  Formerly Active  Retired  Deceased

## Previous School Information

High School/Prep School \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Graduation \_\_\_\_\_ Honors/Activities \_\_\_\_\_

## Intended Certification Program

EMT Basic  EMT Intermediate  EMT Paramedic  
Educational Facility \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Program Phone \_\_\_\_\_ Date Started/Intended Start Date \_\_\_\_\_  
Cost of Program \_\_\_\_\_ Length of Program \_\_\_\_\_

Cost should only reflect program costs, not books and materials. If you are currently in a program, only include program costs from the present until the conclusion of the program. Do not include previous costs.

Are you receiving other financial aid?  Yes  No  
If yes, from where and how much? \_\_\_\_\_  
What is your intended career path? \_\_\_\_\_

## Current Employment

(If Employed or Volunteering)

Name of Organization \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Length of Time at Position \_\_\_\_\_  
Current Job Responsibilities \_\_\_\_\_

Please attach additional pages as needed, or to document additional pertinent job-related experience.

## Applicant's Certification & Authorization

I declare that the above responses are accurate and complete. If any of the above statements are found to be false, I understand my application will automatically be disqualified. I understand the terms and conditions of the scholarship for which I am applying. I understand that if my application is not complete then it will not be considered. I hereby authorize the release of information contained in this application, a photo and copy of certification if awarded a scholarship, my academic transcript and any additional information to scholarship donors for business purposes only.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR BOUND TREE MEDICAL PURPOSES ONLY:

Application # \_\_\_\_\_ Date Received \_\_\_\_\_

Recommendation Letter #1  Recommendation Letter #2  Essay

BTM Rep \_\_\_\_\_  Contacted Rep \_\_\_\_\_ Date \_\_\_\_\_

Rep Comments \_\_\_\_\_

Recommended App Score \_\_\_\_\_ Final App Score \_\_\_\_\_ Letter \_\_\_\_\_ Date \_\_\_\_\_

Bound Tree Medical  
Attn: Scholarship Fund  
PO Box 8023  
Dublin, OH 43016

[scholarships@boundtree.com](mailto:scholarships@boundtree.com)