



# Children's Scholarship Fund

To honor and support the children of Texas EMS professionals that have lost a parent in the line of duty.



# Texas Association of Air Medical Services

## Children's Scholarship Fund

The Texas Association of Air Medical Services (TAAMS), is the state chapter of the Association of Air Medical Services (AAMS). TAAMS was founded on the premise that representation from a variety of medical transport services, specialists, and business partners is the best forum in which to share information, collectively resolve problems and provide leadership and education to the air medical community.

The Children's Scholarship Fund was developed to provide financial assistance for higher education to children who have lost a parent in an air medical or ground transport accident. Each year we will fund one scholarship in the amount of \$2,000 to a deserving student entering or enrolled in a college, university, or vocational-technical school.

### Eligibility

Applicants must:

- Be enrolled or accepted into an accredited college, university or vocational-technical school.
- Be a legal U.S. resident.
- Submit a complete application and all required documentation.
- Be a dependent and/or an immediate relative of a medical transport crewmember based in Texas that lost their life due to an air medical or ground transport accident. This includes parents, step-parents, legal guardians, and grandparents.

### Application Instructions

- Type (preferred) or print and complete all requested information in full.
- Prepare a 300-word essay on one of the following topics:
  1. Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.
  2. Describe your leadership achievements or significant service contributions to your school or community.
  3. Describe a significant event or person in your life that has influenced your future plans. Tell us what your plans are and how the significant event or person helped create those plans.

- Have a teacher / professor, or guidance counselor complete the Educator's Statement. Contact information must be completed to verify authenticity.
- Submit one letter of recommendation from someone other than an educator or family member (a mentor, manager at your employment or volunteer position, community leader, etc.). Recommendations must have contact information to verify authenticity.
- Include your most recent grade transcript.
- All signatures must be provided where indicated on the application.

### **Terms and Conditions**

- One \$2,000 scholarship will be awarded yearly.
- Applications will be evaluated on all of the information provided in this application.
- All applications will be reviewed and chosen by a qualified selection committee.
- Scholarships will be awarded on a one-time basis and will not be renewable.
- The award will be paid directly to an institute of higher education upon proof of enrollment.
- Scholarships will be awarded without regard to race, ethnicity, national origin, religion, gender, or disability.
- Incomplete applications will not be considered. Please refer to the checklist below to ensure that all components of the application have been fulfilled.

#### **Application Checklist**

- Completed application form
- Transcript
- 300-word essay
- Educator's statement
- Letter of recommendation



# EDUCATOR'S STATEMENT

THIS PAGE IS TO BE COMPLETED BY ONE OF YOUR TEACHERS / PROFESSORS OR YOUR SCHOOL GUIDANCE COUNSELOR.

To be submitted by Student with Completed Application.

\*\*Teacher/Counselor: Contact information needed to verify authenticity.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Please describe whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in a candidate's intellectual promise, motivation, relative maturity, commitments to service, integrity, special talents, enthusiasm, overcoming hardships and initiative. We welcome any information that will help distinguish this student from others. Please submit your comments below – attach additional page if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Personality & Character Evaluation

Compared with other high school seniors, how would you rate this student in the following areas?

	Poor	Average	Good	Excellent
Positive Attitude				
Enthusiasm & Support of School				
Respect for Others				
Leadership Qualities				
Academic Achievement				
Sense of Responsibility				
High Principles and Values				

Evaluator Phone \_\_\_\_\_ Evaluator Email \_\_\_\_\_

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_



# COLLEGE SCHOLARSHIP APPLICATION

**Instructions:**

1. Please fill out the College Scholarship Application.
2. Please type (preferred) or print and complete all information, no pencil.
3. Include all requested attachments and submit via U.S. Postal mail.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
*First Middle Last*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name of Relative That Lost Their Life in the Medical Transport Accident \_\_\_\_\_

Total Current Family Income \_\_\_\_\_

# of Dependent Children in the Family \_\_\_\_\_ # of Children Currently Enrolled in College \_\_\_\_\_

High School You Currently Attend (if applicable) \_\_\_\_\_

Grade Point Average *(please provide your un-weighted GPA cumulative)* \_\_\_\_\_

SAT Score *(Combined)* \_\_\_\_\_ ACT Score *(Combined)* \_\_\_\_\_ *Only one is necessary: SAT or ACT*

College or University You Attend or Plan to Attend \_\_\_\_\_

College or University Telephone *(Admissions Office)* ( ) \_\_\_\_\_

Have You Been Accepted? \_\_\_\_\_ If No, When Will You Hear? \_\_\_\_\_

Anticipated Major: \_\_\_\_\_ Anticipated Career: \_\_\_\_\_

**List Other Scholarships, Grants or Loans You Have Applied For and Amounts of Each** *(attach additional pages if necessary):*

**Work Experience:** List your work experience over the last four years, in chronological order, with your most recent job listed first. Attach additional page if necessary.

Company	Position/Job Description	Employed From	Employed To	Average Hours per week



# COLLEGE SCHOLARSHIP APPLICATION

**School Activities:** List all school activities in which you have participated in the last four years (i.e. Athletics, Student Government, Clubs). Attach additional page if necessary.

Activity	Timeframe	Position (i.e. captain, treasurer)	Average Hours / Week	Comments (i.e. Special Awards)

**Community and Volunteer Activities:** List all non-paid community activities in which you have participated in the last four years (i.e. volunteer efforts, church work). Attach additional page if necessary.

Activity (i.e. Soup Kitchen)	Timeframe	Position	Average Hours per Week	Comments

**Awards and Honors:** List all awards and honors received in the last four years (including academic awards or honors). Attach additional pages if necessary.

Year	Award or Honor (i.e. Eagle Scout Badge, National Merit Scholar)	Comments (Describe the Honor - Why Given)

**Special Circumstances:** Relay any additional information you feel the Selection Committee should consider in the selection process. Please provide this information in an attachment to this application – please type your response. Do not answer this question if you feel that there is no “special circumstances” or important facts to relay.

**Submit essay as attachment:** Essay should be approximately 300 words, typed, 12-point Times New Roman font, single-spaced with one-inch margins. Please address one of the following statements or questions:

1. Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.
2. Describe your leadership achievements or significant service contributions to your school or community.
3. Describe a significant event or person in your life that has influenced your future plans. Tell us what your plans are and how the significant event or person helped create those plans.

## Applicant Certification

I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I hereby grant permission to the Texas Association of Air Medical Services to contact my references and/or school if necessary, and to use my name and likeness in promotional materials in the event that I am selected to receive a scholarship award.

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Signature of Applicant

Date