Deb Duethorn Memorial Scholarship Application Form

Administered by the:
CENTRAL NEW YORK COMMUNITY FOUNDATION
431 East Fayette Street #100
Syracuse, New York 13202

The Deb Duethorn Memorial Scholarship Fund is a yearly \$1,000.00 award administered by the Central New York Community Foundation to assist persons pursuing education in the fields that Deb herself was committed to. Applicants must be seeking education to further career or volunteer aspirations in any or all of the following categories: emergency medical service, law enforcement, firefighting and nursing. Applicants should explain his or her dedication to one, several, or all of those fields.

Prospective applicants, who live in one of the following counties: Cayuga, Cortland, Onondaga, Oswego or Tompkins, should complete the form below and submit the necessary requirements by the stipulated deadline to:

Central New York Regional Emergency Medical Services Council, Inc. 50 Presidential Plaza Jefferson Tower, Suite LL1 Syracuse, NY 13202

Please print or type:

Name:

Street Addi	ess:		
City:		State:	ZIP Code:
Telephone:		Gender: Male Femal	e
Email:			
Date of ant	cipated completion of stud	ies:	
Note: If cho	osen to receive a scholarsh	ip award, you will be asked f	or proof of enrollment.
Please list	the total amount and sourc	es of scholarships and/or fin	ancial aid you have received for
this educat	ional offering to date.		

<u>Personal Essay</u>: On a separate sheet of paper, type or write legibly a 250 to 500-word essay on the following:

✓ Personal Qualities/Achievements

- o Tell us about yourself and your personal -- as well as professional -- goals.
- o How do you plan to achieve your stated goals? What have you already done toward achieving those goals?

✓ Community/Volunteer Service

- o How have you served in your community?
- o What extra-curricular or community-based activities have you engaged in? Why?

<u>Personal References</u>: Please have two (2) professional and one (1) personal reference complete the attached recommendation forms. They are to seal the form in an envelope, sign across the seal and return the envelope to you. Please include the sealed envelopes with your application submission.

<u>Academic Transcript</u>: Please submit your latest official High School or College/University Transcript showing your achievement.

PLEASE SUBMIT THE COMPLETED APPLICATION FORM AND SEALED RECOMMENDATION FORMS TOGETHER WITH YOUR TRANSCRIPT AND PERSONAL ESSAY <u>BEFORE FEBRUARY 28.</u> YOU WILL BE NOTIFIED OF YOUR APPLICATION STATUS BEFORE APRIL 1.

NOTE: To be considered, your completed application packet must be received and postmarked by the deadline date. Late applications will not be accepted.

I attest that the information provided above is true to the	best of my knowledge and ability.
Signed:	Date:

Deb Duethorn Memorial Scholarship RECOMMENDATION FORM

Confidential

You are being asked to provide a recommendation for the applicant whose name appears below. Please answer the following questions to the best of your knowledge. Once you complete this form, please seal this form in an envelope, sign across the seal and return the envelope to the applicant as soon as possible. Thank you very much for your cooperation!

Name of Applicant:						
Your Name:						
Your Title/Position:						
Name of Your Organization:						
Your Telephone:						
How long and in what capacity have you known the Applicant? (Attach an additional sheet if necessary)						
Please check the appropriate boxes below to best describe the applicants' characteristics. 1 = Outstanding, 2 = Above average, 3 = Average, 4 = Below average, 5 = Poor.						
	1 Outstanding	2	3	4	5 Poor	
Leadership/Initiative						
Character/Maturity						
Study Habits						
Judgment						
Intelligence						
Diligence/Perseverance						
Other Comments: (Attach an additional sheet if necessary)						
I attest that the information provided above is true to the best of my knowledge and ability.						

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