

**Joseph M. Battista Scholarship Committee
One American Way
Norwich, CT 06360**

PHONE 860.886.1463 FAX 860.887.1138

Joseph M. Battista Memorial Scholarship Application

Name: _____

Address: _____

Email: _____

Phone number: _____

High School Attended and year of Graduation:

Criteria:

- Acceptance into American Professional Educational Services' Paramedic Training Program
- Demonstrate involvement in community or voluntary services

Attach copies of the following:

- Written verification of voluntary or community service to include number of hours donated
- Personal statement regarding your goals and aspirations and why you feel this scholarship should be awarded to you. Statement should be typewritten, double spaced and between one and two pages.*
- Two personal letters of recommendation*
- Verification of acceptance into American Professional Educational Services' Paramedic Training Program

*These items should **not** be the same ones provided with the Paramedic Training Program Application. The committee is looking for information about you on a more personal level.

Applicant's Signature

Date

Drop off or Mail Application to:
American Professional Educational Services
One American Way
Norwich, CT 06360
Attention: Joseph M. Battista Memorial Scholarship Committee