BRAZOSPORT COLLEGE
SPECIAL PERFORMANCE SCHOLARSHIP APPLICATION

Please Complete the Following Information:

1. Name: _____
   Social Security Number: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Phone #: (Home) _____ (Cell) _____
   (Work) _____

2. The Scholarship I am applying for is:

   _____ EMT-Basic _____ EMT-Intermediate _____ EMT-Paramedic

3. The Semester I am applying for the scholarship is:
   _____ Summer, 2007 _____ Fall, 2007 _____ Spring, 2008

4. Please explain why you are applying for this scholarship and why you are taking the EMT course:

_____
_____
_____
_____
_____
_____

I fully understand the requirements for receiving this EMS Scholarship

_____ _____
Signature of Applicant Date

For College Use Only

Concurred by:

_____ _____
EMS Program Director Date