

**The Ridgecrest Regional Hospital Foundation (RRHF)**  
**Fred Hawkins Memorial EMT Scholarship Fund**

The RRHF has established the Fred Hawkins Emergency Medical Technician (EMT) Memorial Scholarship in honor of all the work Fred has done in support of EMT programs across our city, county, state and beyond. The Foundation seeks to strengthen and build a better future for our community through EMT education. One of the challenges facing EMT today is recruitment and retention of EMT practitioners. In an effort to address this challenge, the Foundation is offering scholarship opportunities to individuals interested in pursuing a career in EMT in our community (defined as encompassing the Cerro Coso Community college sites).

**Application Process & Deadlines:** Applicant eligibility is limited to those who live or are seeking education and employment within the CCCC sites: Bishop, California City, Edwards AFB, Kern River Valley, Mammoth Lakes, Ridgecrest/IWV, and Tehachapi. Applications will be reviewed by members of the Scholarship Committee, who will determine which candidates will be interviewed. The candidate selected to receive the Scholarship will be notified within approximately 30 days from the application deadlines.

**Amount of Award:** The scholarship funds will be paid out in two increments, the first at time of award and the second halfway through the recipient's program for a total of **\$1200.00. And upon class completion, the testing fee for the National Registry of EMTs.**

**Scholarship Guidelines & Selection Process:**

- **Scholarship Guidelines**
  - Applicants must be 18yrs or older.
  - Applicants must submit a complete and accurate application by the stated deadline.
  - EMT scholarships are not awarded for course work already taken.
  - Scholarship payments are made directly to the recipient and is based on the honor system with regards to the guidelines provided.
  - The recipient must begin the educational program in the term for which the award is granted.
  - The recipient will fully complete the EMT program for which scholarship is awarded. Recipient who withdraws or discontinues the educational program prior to completion for reasons within his or her control (i.e., dropping the course, academic dismissal for absences, etc.) must immediately refund scholarship funds. No refund will be required for recipient who is unable to continue in the EMT program for reasons beyond their control. Proof of reasons for program termination will be required.
  - Recipients must agree to submit to the Foundation Board class standings from their instructor before the 2<sup>nd</sup> half of the award will be dispersed.
  - Recipients must meet all state & educational institution requirements, maintain passing grades and remain in good standing throughout the course of study. The recipient may be asked to submit grades each term prior to the next scholarship payout.
  - Recipient of EMT scholarships must seek certification by testing upon completion of their EMT educational program.
  - Recipient must sign a contract agreeing to these scholarship guidelines.
- **Scholarship Selection Process**
  - Only those applications which are complete and received by the deadline will be considered.
  - The Foundation will notify all applicants by email of the status of their application.

- The following criteria will be used in the scholarship selection process:
  - Commitment entering the EMT profession;
  - Financial need;
  - Dedication to the community
  - Ability to serve as a positive ambassador to the EMT profession

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APPLICATION**

**TODAY's DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**WHERE WILL YOU BE ATTENDING SCHOOL?** \_\_\_\_\_

**HAVE YOU APPLIED FOR/RECEIVED OTHER SCHOLARSHIPS OR MONETARY AWARDS? Y N**

**HAVE YOU APPLIED FOR/RECEIVED FINANCIAL AID? Y N**

**WILL YOUR PARENTS/GUARDIANS PROVIDE FINANCIAL SUPPORT? Y N**

**WHAT IS YOUR MOST RECENT** (verifiable) GPA? \_\_\_\_\_

**ACADEMIC ACTIVITIES/ACHIEVEMENTS:** Briefly describe your involvement in sports, clubs, organizations or offices you have held.

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**COMMUNITY ACTIVITIES:** Share you participation in the community, such as church, scouts, social clubs (sorority, fraternity, etc.), volunteer work, extracurricular pursuits.

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**WORK HISTORY:** (LIST CHRONOLOGICALLY, CONTINUE ON SEPARATE PG IF NEEDED)

<b>DATES of EMPLOY</b>	<b>EMPLOYER (NAME/ADDR/PHONE)</b>	<b>RESPONSIBILITIES</b>	<b>REASON FOR LEAVING</b>
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**Describe your near and long term academic career goals:**

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**Is there any additional information you wish for us to consider in reviewing your application?**

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**A LETTER OF RECOMMENDATION FROM A NON-FAMILY MEMBER IS ENCOURAGED BUT NOT REQUIRED.**

## WHY ME??

Give us a brief (no more than a single page) snapshot of YOU, why you should be considered for this scholarship, your financial need for assistance, you intended use of the awarded funds (i.e. books, tuition, special equipment, etc.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

**APPLICANT'S CERTIFICATION:** I hereby certify that the information provided in this submission is truthful for consideration for this scholarship. I agree to all the Scholarship guidelines included in this packet. And I hereby authorize the release of my grades/transcripts/progress reports to the RRHF Scholarship Committee.

**Signature**

Date \_\_\_\_\_

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**Print Name**

**SEND/DELIVER/EMAIL YOUR COMPLETED APPLICATION PACKET TO:**  
**RIDGECREST REGIONAL HOSPITAL FOUNDATION**  
**ATTN: SANDRA BROWN**  
**1081 NORTH CHINA LAKE BLVD, RIDGECREST, CA 93555**  
**EMAIL: [RRHFoundation@rrh.org](mailto:RRHFoundation@rrh.org)**