

Tri-State Life Member Association

2024 Scholarship Application

Applicant Qualifications:

To be eligible to apply for this scholarship, you must be enrolled in an accredited college or university in the United States. Other qualifications are that you must have/be:

- An immediate family member in the Tri-State Life Member Association
- pursuing a degree related to Emergency Management Service, Safety or Health
 - (emergency management is the managerial function charged with creating the framework within which communities reduce vulnerability to hazards and cope with disasters.)

You must complete and submit the Tri-State Life Member Association Scholarship Application to be eligible for scholarship award consideration. You must print and mail the completed application by the May 1, 2024 deadline.

Applications post marked after May 1, 2024 will not be considered. Applications submitted with any missing information will be ineligible for scholarship consideration.

Scholarship recipients will be notified by mail no later than July 15, 2024. For additional information please address your questions to kstarks66@gmail.com

No phone calls please.

Mail Completed Application to:

Tri-State Life Member Association
P.O. Box 2803
Milan, N.M. 87021

Completed application must be mailed by or before the May 1, 2024 deadline.

Application Checklist

Prior to submitting your application, use this checklist to ensure the required documents are completed, signed and enclosed. **Do not** leave any blank spaces, if a line item does not apply to you, you must mark the space with (N/A) for not applicable.

1. Complete all five pages of the application.
2. Submit official transcript (s) for the last three years of completed education.
3. Submit a 300 to 500-word essay and explain how you intend to apply your education to help the Emergency Management Service.
4. Typed essay must be double spaced and in a 12-point font.
5. Do not fold, staple or paper clip application or other documents.
6. Do not copy on both sides of the application pages (single sided only).
7. Do not add additional information other than items requested.
8. Attachment (s) must be marked (*i.e., Attachment A, Attachment B, etc.,*).
9. Make a copy of all documents and keep a copy for your records.
10. Application must be mailed in an 8 x 12 manila envelope or larger.

Please **DO NOT** include this page with your application.

SECTION 1 – APPLICANT INFORMATION

All information will remain confidential and will be used solely for the Tri-State Life Member Association Scholarship Program.

Applicant Contact Information

Applicant's Last Name	First Name	Middle Initial
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Applicant Category *(check one of the following)*

HS Graduate Student Graduating Senior Undergraduate Student

Address	City	State	Zip
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Telephone Number	Cell Number
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E-Mail Address

SECTION 2 - PARENT/GUARDIAN CONTACT INFORMATION

If the applicant is under 18 years old, their parent or guardian **must** provide the following contact information.

Last Name	First Name
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Address	City	State	Zip
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Telephone Number	Alternate Number
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E-Mail Address

SECTION 3 – EMERGENCY MANAGEMENT SERVICE INFORMATION

Have you worked or volunteered with an EMS provider? Yes No

*If you answered **yes**, please fill out the corresponding information.*

Name of Company/Provider	City	State
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Start Date/Ending Date	Company Telephone Number
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SECTION 4 – IMMEDIATE FAMILY MEMBER BELONGING TO THE TRI-STATE LIFE MEMBER ASSOCIATION

Name of Person _____ Relationship _____

Name of Fire Department _____ City _____ State _____

Start Date/Ending Date _____ Number of TSLMA meetings attended in past 5 years _____

SECTION 5 – EDUCATIONAL INFORMATION *(this section is for 2024 high school graduates only)*

High School Information

High School Name _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____

Cumulative Grade Point Average (4.0 Scale) _____

University Information – For current high school students, provide the name of the accredited University or College (in the United States) that has formally accepted you.

Name of University or College _____

Address _____ City _____ State _____ Zip _____

Telephone Number *(Admissions Office)* _____

Major (1) _____ Anticipated Degree _____

University Information – For current college students, provide the name of the accredited University or College (in the United States) you are attending.

Name of University or College

Address

City

State

Zip

Telephone Number (*Admissions Office*)

Major (1)

Anticipated Degree

Cumulative Grade Point Average

Anticipated Graduation Date

SECTION 6 – ATTACHMENTS (*Some of this section may require a separate attachment*)

Official Transcript – You **must** provide a sealed and official transcript (s) of grades for the last three years of completed education (e.g., high school or higher education).

Personal Essay (*Attachment A*) – State how you plan to use your education or degree in emergency management service, safety or a health-related field to better the EMS field. You must write a brief essay of 300 to 500 words in length and attach the essay as Attachment A with this application. Essay must be doubled space and typed in a 12-point font.

Extracurricular Activities (*Attachment B*) – **YOU** must list each activity you have been/are involved in. Please provide activity name, position held, and length of time involved. The template below may be used to create the attachment.

	Activity	Position Held	Length of Time Involved
1	<i>Example:</i> National Honor Society	Vice-President	4 years
2			
3			
4			

SECTION 7 – PREVIOUS TRI-STATE LIFE MEMBER ASSOCIATION SCHOLASHIP INFORMATION

This section refers to previous involvement with the Tri-State Life Member Association Scholarship Program.

Have you previously applied for a Tri-State Life Member Association Scholarship? ____ Yes ____ No

If you answered yes, please answer the following questions.

Indicate the school year in which you applied for the scholarship (i.e. 2021-2022): _____

How many times have you received the Tri-State Life Member Association Scholarship? _____

1) Dollar amount of scholarship Award: \$ _____ Year Awarded _____

2) Dollar amount of scholarship Award: \$ _____ Year Awarded _____

SECTION 8 – FINANCIAL INFORMATION (Applicant or Parent/Guardian please note the following:)

Financial information must be true and accurate. Any information found to be intentionally misleading or fraudulent will result in immediate disqualification and complete repayment of all scholarship funds awarded. You may be asked to provide additional information about your assets, or you may need to report the net worth of your current business and/or investment firms.

1 – Are you receiving, or have you been notified that you will receive financial aid, academic or athletic scholarships, Pell grants, or other forms of financial assistance that will not require repayment upon completion of your degree (for 2024-2025 school year)? Yes No

If you answered yes, please fill out the following section.

List the names of awards and corresponding dollar amount of assistance you have/will receive:

1) _____ \$ _____
2) _____ \$ _____
3) _____ \$ _____
TOTAL #1 \$ _____

2 – Number of persons in household? _____

3 – Number of persons employed? _____

4 – What was your household adjusted gross income for 2023?

Adjusted gross income is on IRS Form 1040 – Line 37; 1040A – line 21; or 1040EZ-line 4.

TOTAL #2 \$ _____

5– Total income from all sources (Sum of **Total #1** and **Total #2**)

TOTAL OF ALL INCOME \$ _____

6 – Are either of your parents deceased? Yes No

7 – Do you have family members in your current household who require special care, and affect your ability to receive financial support from your family? Yes No

If you answered yes, you must explain your circumstance below or add explanation as an attachment.

SECTION 9 – APPLICATION CONFIRMATION

Carefully review your entire application for any mistakes or omissions. Once you are satisfied with your application, read and sign the declaration statement.

Applicant Declaration Statement

I hereby declare that I have read this application and completed it to the best of my knowledge. The information, financial statement and answers are accurate and true. I understand that any information found to be intentionally misleading or fraudulent will result in immediate and complete repayment of all scholarship funds awarded

Applicant Signature

Date

Parent/Guardian Declaration Statement *(if applicant is under the age of 18)*

I hereby declare that I have read this application and completed it to the best of my knowledge. The information, financial statement and answers are accurate and true. I understand that any information found to be intentionally misleading or fraudulent will result in immediate and complete repayment of all scholarship funds awarded.

Parent/Guardian Signature

Date

Deadline to Submit Application is: May 1, 2024