Dr. Doug Butzier Emergency Responder ScholarshipScholarship Application

(Please type or print clearly – DO NOT STAPLE)

The purpose of the **Dr. Doug Butzier Emergency Responder Scholarship** is to provide funding for those entering their second year of academic training in law enforcement, fire or emergency medical service careers.

STUDENT	INFORMATION:						
Name:	(First)	(MI)	(Last)				
	(Street Address – <u>No P.O. Box</u>)		(ST)	(ZIP)			
Home Phone	e:	Alternate/Cell Phone:		_			
E-Mail Addı	ress:						
I.	Dubuque County Resid	lent and/or Emergency Respo	nder Agency	Member			
The candidate will be a Dubuque County resident or volunteer with an emergency responder agency in Dubuque County. I am a Dubuque County Resident, and/or							
I am	a member of an Emergency Res	sponder Agency:					
Ag	ency Name	Signature of Department Chief	or Representative	2			
	<u>II.</u> A	Academic Performance					
The candida (declared ma	ate will achieve a 3.0 grade po ajor) of the 2 nd semester and bey	int average based on performance ond. Please provide a copy of your tr	within the progra	am curriculum s application.			
College:		G	PA:	_			
College Address:(Street)		(City)	(ST)	— _(ZIP)			
Declared Pro	` '	(- 3)	. ,	-			
Graduation Date:							

BACKGROUND INFORMATION:
If necessary, you may attach additional information for any section of this application.

III. Work Experience					
	Dates:				
	Dates:				
	Dates:				
	IV. Volunteer Experience				
Organization:	Dates:	Hours/Week:			
Type of Work:					
Organization:	Dates:	Hours/Week:			
Type of Work:					
Organization:	Dates:	Hours/Week:			
Type of Work:					
V. Military Experience					
	Dates Served:				

SUPPORTING DOCUMENTS

The following documents must be submitted in order to complete the application process.

Application

A copy of your college transcript.

One letter of reference documenting candidate's performance in school, work and volunteer organization. This letter may not be written by a parent or immediate family member.

Essay from Candidate: Please type and attach to this application an essay on "Why are you interested in an emergency services (law enforcement, fire or emergency medical services) career?"

CONSENT & VERIFICATION

In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand that all decisions made by the Dr. Doug Butzier Emergency Responder Scholarship Committee(s) will be final and not subject to review or appeal. I further understand that any information provided in this form may be shared with committee members and donors of the sponsoring scholarships. Also, I understand that falsification of information may result in termination of any scholarship granted. If selected to receive a scholarship, I agree to the use of my name, likeness, and information contained in my application for promotional purposes by the Dr. Doug Butzier Emergency Responder Scholarship committee and its partner agencies without further compensation or notification.

Applicant's Signature:	Date:	
Printed Name:		

Applications will be accepted after February 1.

Submit application and supporting documents to:
Attn: Dubuque County Emergency Responder Scholarship
Dubuque County Emergency Responder Training Facility
14928 Public Safety Way
Dubuque, IA 52002-8216

Applications must be postmarked by March 31 for consideration.

*Scholarship winners will be invited to receive recognition at the Dubuque County Emergency Responder Training Facility Dinner.

*The scholarship check will be issued directly to the educational facility to be used for tuition, textbooks, or fees. In the event that the bill is paid in full, with receipt of proof, the check will be issued to the 501 (C) (3) who sponsored the student's school or lastly, the student.