



# 2006 IAEM Scholarship Application

(All applications and materials must be received by May 31, 2006.)

This scholarship is awarded to full-time students pursuing an associate or diploma, baccalaureate, or graduate degree in emergency management or a closely related field.

## Section I: To be completed by student:

### A. General Information

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security/Student ID #: \_\_\_\_\_

University/College: \_\_\_\_\_

Number of Credits This Term: \_\_\_\_\_ Circle One:          Semesters          Quarters

Credits Complete Before This Term: \_\_\_\_\_ Overall GPA: \_\_\_\_\_ GPA in Major: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Planned Graduation Date: \_\_\_\_\_

*(A.S, B.S., M.S., etc)*

### B. Eligibility Criteria *(Documentation required; must be supplied by applicant)*          Check Box

- a. Full-time student verification from University Registrar 
  - *Verify 12 hours carried in current term, undergraduate, or full-time, graduate.*
- b. Original transcript with official seal 
  - *Verify enrollment in an official degree program*
  - *Verify good academic standing*
- c. Three reference letters - one must be from university faculty member 
  - *Verify current activities related to emergency management*
- d. Catalog description of major/program of study and course descriptions 
  - *Verify support of career goals in emergency management*

**Student Must Complete Page 1 and Page 2**

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**C. Specific Information:** On a separate sheet, please complete the following in 500 words (or less) and attach to your application.

1. Why are you seeking a degree in a field related to emergency management? Please provide a brief description of current activities, how they relate to your career goals and objectives (i.e. work experience, school activities, etc.)?
2. Describe why you should be awarded this scholarship (i.e. commitment to profession, financial need, etc.).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:

IAEM Scholarship  
201 Park Washington Court  
Falls Church, VA 22046-4527  
Attn. Dawn M. Shiley-Danzeisen  
Fax: (703) 241-5603



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## Section II: To be completed by one faculty member:

### A. General Information

Faculty Member Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State/Zip \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

### B. Certification:

I certify that applicant: \_\_\_\_\_ meets the scholarship award criteria in Section I.

**C. Attached Reference Letter:** Indicate candidate's strong interest in an emergency management career and why you feel the candidate should receive a scholarship award.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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