



## Mercy Flight Memorial Paul Erickson Paramedic Scholarship

To honor Paul Erickson, Mercy Flight Paramedic, who gave his life in service, February 6, 2007, the *Paul Erickson Paramedic Scholarship* was established to assist students attending a Paramedic program in the state of Montana. This scholarship, administered by Benefis Healthcare Foundation provides for books and tuition only. The amount and number awarded for this scholarship is subject to change each year. Scholarship funding is renewable, although not automatic. A renewable application must be completed and submitted along with grade documentation by May 15<sup>th</sup> for summer and fall renewals and October 1<sup>st</sup> for spring renewals.

### SCHOLARSHIP OVERVIEW

Benefis Healthcare Foundation provides a scholarship opportunity for college students with the desire to obtain Paramedic certification. Awardees are chosen based on eligibility requirements through a Scholarship Selection Committee.

### Criteria

- Applicants must have been accepted into an accredited program for Paramedics.
- Applicant must submit proof of successful completion of Intermediate EMT status and completed pre-requisites in Anatomy and Physiology I and II.
- Applicant must be in good academic standing with a Grade Point Average (GPA) of 2.75 or higher, if study occurred within the last five (5) years.
- Applicant must maintain a 2.75 Grade Point Average.
- Applicant must take a minimum of nine (9) credits per semester.
- Applicant must submit completed application form with required documentation.

### GENERAL INFORMATION AND APPLICATION PROCESS

Availability of scholarship(s) is determined by Benefis Healthcare Foundation. Applications are available through **Benefis Healthcare Foundation**. Direct all questions regarding the application process to Benefis Healthcare Foundation, Scholarship Program at 455-5840 or you may access the web site at [www.benefisfoundation.org](http://www.benefisfoundation.org). Completed applications must be submitted by either mailing to **Benefis Healthcare Foundation, PO Box 7008, Great Falls, MT 59406-7008** or delivering to 1101 26<sup>th</sup> St S, South Tower, Benefis Healthcare Foundation office, Great Falls, MT.

Application Deadlines Are: May 15<sup>th</sup> for summer and fall and October 1<sup>st</sup> for spring

Applicants must submit the following criteria:

- Completed application form by designated deadline.
- A copy of the letter of acceptance into a certified healthcare program or college for Paramedics.
- Copy of transcripts reflecting a GPA of 2.75 from the last two years of academic study, if study occurred within the last five (5) years.
- Three letters of recommendation (see application.)
- A letter that will include previous experience in the field as a Basic or Intermediate level EMT and how you will improve healthcare in your community in the future and how you have demonstrated this in the past and present.
- A written statement of financial need.
- Completed Consent and Disclosure form



**Benefis Healthcare Foundation  
Paul Erickson Paramedic Scholarship  
Application**

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Social Security Number \_\_\_\_\_ Have you ever been convicted of a felony?  Yes  No

If yes, explain \_\_\_\_\_

Have you applied for a scholarship with us previously?  Yes  No

If yes, was it under another name(s) and if so what name(s) was it? \_\_\_\_\_

What is the name of the educational facility you have been accepted to attend? \_\_\_\_\_

Name of program/degree \_\_\_\_\_

Date program begins \_\_\_\_\_ Will you be a full-time or part-time student? \_\_\_\_\_

How many credits are you taking? \_\_\_\_\_ Anticipated date of graduation? \_\_\_\_\_ Semester applying for? \_\_\_\_\_

Anticipated cost of tuition and book fees per semester? \_\_\_\_\_

Have you been notified of any assistance or other scholarships that you will receive for your education program?

Yes  No If yes, describe source, amount and duration. \_\_\_\_\_

If you have volunteer experience give the name of your supervisor and explain where and for how long you were involved. \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Hours per week \_\_\_\_\_ Employer \_\_\_\_\_

Have you ever been employed at Benefis Healthcare or worked as a volunteer at Benefis Healthcare? Give a brief description. \_\_\_\_\_

Have you worked or volunteered in another hospital or healthcare facility? Give a brief description. \_\_\_\_\_

Please include with this Application:

- ❑ A copy of the letter of acceptance into an accredited College based Paramedic Program.
- ❑ Copy of transcripts reflecting last two years of academic study, if study occurred within the last five (5) years.
- ❑ Three (3) letters of recommendation:
  - At least one from your current supervisor or instructor.
- ❑ A letter stating how you will improve healthcare in your community in the future and how you have demonstrated this in the past and present.
- ❑ A written explanation of financial need.
- ❑ If you are selected to receive a scholarship, the Foundation reserves the right to publish your picture in newspapers, foundation newsletters and our web site. If you do not have a current photo and you are selected, we will assist you with a photo.
- ❑ Consent and Disclosure form.

*Omission of any of the above information may eliminate your application from consideration. All requested materials must be submitted with the application.*

The Healthcare Scholarship Program Selection Committee will review applications.

Please mail application to:

Benefis Healthcare Foundation  
Scholarship Program  
PO Box 7008  
Great Falls, MT 59406-7008

Or deliver to: 1101 26<sup>th</sup> St S, South Tower, Benefis Healthcare Foundation office, Great Falls, MT

**APPLICATION DEADLINES ARE:  
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