



Link 2 Life Emergency Training INC Scholarship Program

Link 2 Life Emergency Training INC. Scholarship Program was established to assist students with the expense of paying for programs in the Allied Health Field.

Policies

- Interested students must complete official Link 2 Life scholarship application.
- Applications must be postmarked by designated, quarterly deadline. Include a synopsis of why applicant should be awarded a scholarship along with two letters of recommendation.
- The scholarship committee may grant or request personal interviews.
- Each scholarship will have a value of a percentage of the total course fee. This does not include textbooks or related expenses such as uniform or transportation costs.
- Two scholarships will be awarded annually.
- Link 2 Life may terminate a scholarship at any time if recipient has failed to comply with program requirements stated in the student handbook.
- Successful candidates will be notified by mail within 30 days of application deadline.
- The scholarship and recipients may be referred to in promotions for the Scholarship Program or Link 2 Life Emergency Training INC.
- Scholarships are non-transferable and expire one year after date awarded
- Submissions are only good for submission period.
- Candidates who are not chosen may resubmit for a future quarter.
- Applications will be destroyed each quarter.
- Application due dates: January 1, April 1, July 1, October 1

Eligibility Criteria

- Applications from all students, new and returning, are accepted.
- Applicant must be able to fulfill requirements for successful program completion, i.e. possession of high school diploma or equivalent and passing of proficiency tests.

Selection Criteria

- Complete application
- 2 Letters of reference. 1 professional, 1 personal.
- A one page essay from candidate stating why he/she should be awarded: appearance, grammar, spelling, and punctuation will be evaluated.
- Financial need
- Content and quality of personal letter
- Scholarships cannot be used towards a program that the applicant is already registered for.

**Link 2 Life Emergency Training INC
Scholarship Program**

APPLICANT INFORMATION			
Last Name	First Name	M.I.	Date
City	State	CA	
Phone	E-Mail		
Date of Birth	Social Security Number XXX-XX-____		
Program to Attend			

EDUCATION			
High School		Address	
From:	To:	Did you Graduate	Yes No
GED	Yes	No	

SCHOLARSHIP REFERNCES			
<i>Name of Persons from whom you have requested a letter of reference: Attach letter of reference.</i>			
Full Name		Relationship	
Company			Phone Number
Address			
Full Name		Relationship	
Company		Phone Number	
Address			

CURRENT EMPLOYMENT

Company		Phone Number
Address		
Job title	Years Employed	Months Employed

DISCLAIMER AND SIGNATURE

Please complete this application along with your one page essay and two letters of reference and submit to:
Link 2 Life Emergency Training INC. P.O. Box 4561 Mission Viejo, CA 92690

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form. Also, the application authorizes Link 2 Life Emergency Training INC. to use and publish your name. If you purposely give false or misleading information, you will be disqualified from receiving a scholarship from Link 2 Life Emergency Training INC programs.

Signature	Date
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