



## **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
-----------	------