

NEW MEXICO TRAUMA SYSTEM FUND



STATEWIDE TRAUMA SYSTEM EDUCATION SPONSORSHIP for State fiscal year 2011 (01 July 2010 – 30 June 2011)

Instructions: Every question must be answered. If a section does not apply, put N/A in the blank. **Only one (1) scholarship per person per year! No incomplete applications will be accepted!**

Please mail or fax the completed application to the following address:
TSFA EDUCATION SCHOLARSHIP
EMS REGION III, PO BOX 1895, CLOVIS, NM 88102-1895
PHONE: (575) 769-26 FAX: (575) 769-3485

Please If you have any questions, please contact Jan Elliott (575) 769-2639, jelliott@emsregion3.org.

| | | | | |
|---|--|----------------------|-------------------------|---------------|
| Applicant/Contact: (PLEASE PRINT CLEARLY) | | | | |
| | First Name | | Last Name | |
| | | | | |
| | (Telephone #) | (Fax Phone #) | (E-mail Address) | |
| | | | | |
| Check (X) appropriate Regional EMS Office applicant is affiliated with: | Region I | Region II | Region III | |
| | | | | |
| Address: | (Street / Mailing Address) | | | |
| | | | | |
| | (City) | (State) | (Zip) | (+4) |
| | | | | |
| Affiliation: | Agency / Service / Organization | | | |
| | | | | |
| | (Telephone #) | | (Contact Person) | |
| Type of Service: Check (X) appropriate : | | | | |
| | (Volunteer) | | | (Paid) |

| | | | | |
|--|---|-------------------------------------|-------------------------|-------------|
| Conference Name: | | | | |
| Address for Conference: | (Street / Mailing Address) | | | |
| | | | | |
| | (City) | (State) | (Zip) | (+4) |
| Contact Person for Conference: | | | | |
| | (Name) | | (Title) | |
| | | | | |
| | (Telephone #) | (Fax Phone #) | (E-mail Address) | |
| Number of CE's: | | Conference Registration Fee: | | |
| Justification for Scholarship Assistance! | Please submit additional sheets, if needed. | | | |