



## **Michael J. Latta EMS Scholarship Foundation**

**“Dedication and sacrifice so that others might live.”**

**Dear Student,**

**Here is a brief background into the life of Michael J. Latta, what his memorial foundation stands for, and an application. For more information please reference our website at [www.emsscholarship.com](http://www.emsscholarship.com). Please return all applications by March 16<sup>th</sup>, 2012.**

### **Carrying Forward his Dream**

Mike passed away on April 26, 2007 at the age of 21. He had many dreams and aspirations he was unable to carry out. Mike’s biggest dreams were to become a paramedic as well as an EMT instructor, which he had already begun to do.

In Mike’s short life he touched and inspired many people through his perseverance, vision, dedication and intense work ethic. To carry forward his dream of educating others in the field of Emergency Medical Services, the Michael J. Latta EMT Scholarship Foundation was established to provide monetary support for those wishing to become an EMT or paramedic. In this way, Michael can continue his goal of helping others even after his death.

### **Mission Statement**

To support Emergency Medical Services by finding intelligent, hardworking, and dedicated individuals who have the energy and enthusiasm for their work as well as a drive for continuing their education.

### **Foundation Objectives**

- 1.) Grant scholarships each year to individuals emulating Michael’s character traits of work ethic, dedication, energy, and enthusiasm, who wish to attend school to become Paramedics.
- 2.) Raise funds to support these scholarships through events that bring recognition to the field of Emergency Medical Services as well as bringing the community together.

Thank you for your interest in Emergency Medicine,

Nicole L. Armata

Date Received (Office Use)

Applicant Number (Office Use)

MICHAEL J. LATTA EMS SCHOLARSHIP  
2012 AWARD  
APPLICATION FORM  
Due Date: March 16, 2012

**BASIC INFORMATION**

LAST NAME	FIRST NAME	DATE OF BIRTH	
STREET ADDRESS	CITY	STATE ZIP	PHONE
COLLEGE /EMT CERTIFICATE PROGRAM NAME	DATE OF GRADUATION		
COLLEGE/PARAMEDIC PROGRAM ATTENDING/ENROLLED	EXPECTED GRADUATION DATE		
EMS COMPANY	YEARS OF SERVICE		

**COMMUNITY INVOLVEMENT**

List community involvement activities in order of their importance to you, responsibilities or positions held, and how many years you have participated in them. For example, senior center involvement, youth groups, community aide programs, blood drives, etc.

ACTIVITY	RESPONSIBILITIES/POSITION HELD	YEARS

Briefly describe which one of these activities was most meaningful and why:


**AWARDS & RECOGNITION**

List any awards or special recognition for academic achievement or community service. Include scholarship awards here.

Award or Recognition	Organization	Date

