WILSON
EDUCATION & MENTAL WELLNESS
FOUNDATION
Est. 2022

WILSON EDUCATION AND MENTAL WELLNESS FOUNDATION INC

Empowerment Through Education Scholarship

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1. The Wilson Education and Mental Wellness Foundation Empowerment Through Education Scholarship application.
2. All submitted applications will be reviewed by our selection panel and considered.
3. **One (1) scholarship recipient will be selected each year—one student per Fresno City College Emergency Medical Technician class.**
4. Please review the eligibility criteria listed below to ensure you meet all requirements.
5. Refer to the application process section for a complete list of required supporting documents (e.g., letters of recommendation, proof of GPA, certifications). **Incomplete applications will not be considered.**
6. If a question does not apply to you, please write **N/A** in the space provided.
7. All applications must be **typed or printed clearly**. Illegible applications will not be considered.
8. You will be notified of your application status by email or phone.
9. For any questions regarding this application, please contact Christine Wilson at **Wilsoneduandwellness@gmail.com**.

NOTE: The Wilson Education and Mental Wellness Foundation will make all scholarship payments directly to the accredited college for the approved program(s).

Purpose: Purpose: Helps individuals from economically disadvantaged backgrounds access higher education, vocational training, or professional certifications to enhance career opportunities and improve community resilience. All applicants must reside in Fresno County to be applicable

“Underserved” describes any population segment experiencing exceptional service needs. This may include individuals or youth who are geographically isolated, economically disadvantaged, low-income, underrepresented, women, racial or ethnic minorities, sexual minorities, or first-generation students.

Award Components: **Tuition Award Only**; All distributions will be paid directly to the vendor or institution. No monies will be paid directly to the recipient.

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EMT Scholarship Eligibility Criteria

1. Applicants must have a **high school diploma or GED**.
2. Applicants must be **18 years of age or older**.
3. Applicants must meet the **underserved status** criteria listed above.
4. Applicants must possess a **valid driver's license**.
5. Applicants must **not** have a criminal record involving a **misdemeanor or felony conviction**.
6. Applicant must have a valid CPR/BLS certificate (2025 American Heart Association or equivalent).

Applicants must submit the following items:

1. **Completed application form** – If handwritten, please print clearly and legibly.
2. **Two (2) letters of recommendation** from any of the following: high school teacher or mentor, administrator, counselor, employer, or an individual with significant knowledge of your character, achievements, and/or community involvement.
3. **A copy of your high school diploma or GED certificate.**
4. **Personal essay** – Please respond to the essay prompt(s) on the enclosed essay sheet and attach your essay as a separate document.
5. **Oral interview** – Selected applicants may be invited to participate in an interview as part of the final selection process.

Please email your completed application and all required documents to:
wilsoneduandwellness@gmail.com

Please type or print your answers below. If the application is illegible, it will be returned to you.

1. Last Name: _____ First Name: _____

2. Date of Birth: _____

3. Mailing Address: _____

4. Phone Number: _____

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5. High School Attended: _____ Year Graduated: _____

6. Current College: _____ Graduation Date: _____

7. College(s) Attended _____

8. Year Graduated: _____

9. List other financial assistance you will receive per semester or quarter (i.e. personal, other scholarships, grants, student loans, and other financial resources). Include amounts of all items listed.

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10. What are your educational objectives?

11. List your academic honors, awards and membership activities while in high school or college:

12. List your community service activities, hobbies, outside interests, and extracurricular activities:

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13. Personal Essays: Please write or type your essay as a separate document, include your name, date of birth, and mailing address at the top of the page, and print or save and attach it to this application.

Two essays must be submitted.

Your essay must be limited to 500 words, neat and legible, to be accepted with this application.

Essay Topic (1): Becoming an EMT requires discipline, sacrifice, and accountability. Explain why you are committed to this path and how you plan to balance the academic, physical, and emotional demands of the program.?

Essay topic (2): How would receiving this scholarship reduce financial barriers and help you remain focused on your education, training, or mental well-being?

Which of the following apply to you? (Check all that apply):

- ☐ First-generation college student
- ☐ Household income limits ability to pay for education
- ☐ Supporting family members financially
- ☐ Experiencing housing or food insecurity
- ☐ Medical, mental health, or unexpected financial hardship
- ☐ Receiving limited or no financial aid
- ☐ Other (please explain)

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Please briefly explain how these circumstances impact your ability to afford school:

Optional: Please select your approximate household income range:

- ☐ Under $30,000
- ☐ $30,000–$49,999
- ☐ $50,000–$74,999
- ☐ $75,000+
- ☐ Prefer not to disclose

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As part of the Wilson Education and Mental Wellness Scholarship program, recipients who obtain employment in the fire service agree to make a good-faith contribution back to the Wilson Education and Mental Wellness Foundation Inc., in an amount equal to the scholarship they received, to support future EMT students. All donated funds will be awarded to a future EMT in the donor's name.

Applicant Signature: _____ Date: _____

Media & Publicity Consent

By accepting this scholarship, the recipient agrees to allow the **Wilson Education and Mental Wellness Foundation Inc.** to use their **name, photograph, and/or likeness** for **promotional and informational purposes**, including but not limited to the Foundation's **website, social media platforms, printed materials, newsletters, and marketing communications**.

The recipient understands that these materials may be used to highlight scholarship recipients, promote the Foundation's mission, and acknowledge donor support. No compensation will be provided for the use of such materials.

This consent is granted voluntarily and may be revoked in writing at any time by notifying the Foundation; however, revocation will not apply to materials already published or distributed.

Applicant Signature: _____ Date: _____

STATEMENT OF ACCURACY I hereby affirm that all the above-stated information I provided is true and correct to the best of my knowledge. I also agree that my picture may be taken and used for any necessary purpose to promote the Wilson Education and Mental Wellness Foundation. I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Applicant Signature: _____ Date: _____