PHILIPSTOWN EMERGENCY MEDICAL SERVICES VOLUNTEER
AMBULANCE CORPS Inc.
14 Cedar Street, Cold Spring, New York 10516
(845) 265-2103 Fax (845) 265-2173

COMMUNITY SERVICE SCHOLARSHIP APPLICATION

Student name: _____

Address: _____

Telephone: _____

List of community service activities:

Organization: _____

Contact person: _____ Phone: _____

Dates of service: From: _____ To: _____

Job or service performed: _____

_____

Student name: _____

Address: _____

Telephone: _____

List of community service activities:

Organization: _____

Contact person: _____ Phone: _____

Dates of service: From: _____ To: _____

Job or service performed: _____

_____

Plans for further education: _____

- Attach additional sheets if necessary.
- Attach grade transcripts for sophomore, junior, and senior years.
- Attach a typewritten page describing your contribution to the community and the importance of volunteerism in today's society.

Please return to the Guidance Office by 5/23/25