



## Application Package for

# *The Susan M. Gardiner for First Responders Scholarship*

The Susan M. Gardiner for First Responders Scholarship was established for students who are interested in pursuing a career as an Emergency Medical Technician (EMT). Susan was an EMT who lost her battle with cancer in 2022. A \$1,000 scholarship will be awarded to one Kettering or Mott High School deserving senior.

### **Eligibility Requirements and Criteria for Selection:**

An applicant must be a Waterford School District high school graduating senior in good standing. Students may use the scholarship award for tuition and other educational expenses. The scholarship will be awarded to deserving students in the minds of the scholarship committee using the following criteria:

- Express an interest in pursuing course study and/or training as an EMT
- Have a G.P.A. of 3.0 or better
- Demonstrate financial need
- Exhibit outstanding character

### **High School Scholarship Committee Recommendations:**

A list of eligible recipients shall be compiled by the faculty and staff of Waterford Kettering and Mott High Schools and submitted to the Waterford Foundation Scholarship Committee. These individuals will make the selection of the final recipients, one from each high school. The committee, without regard to race, creed, color, national origin, sex, age or handicap, will make selection of final recipients. No student will be discriminated against on such basis.

# Application Package Requirements

## 1. A Completed Application Form

## 2. Academic Record

Enclose a copy of your transcript

## Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Parent Phone \_\_\_\_\_

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Please list all schools you have attended:

Name of school \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name of school \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name of school \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Where will receive post-secondary education? \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ When will you start classes? \_\_\_\_\_

Name of the specific program in which you will enroll \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Deliver this completed application, along with a copy of your transcript, to your high school counselor no later than the first Friday, April 3, 2026.**