



GREENWOOD LAKE VOLUNTEER AMBULANCE CORPS
WALLY LANGER MEMORIAL SCHOLARSHIP

This scholarship is awarded to a student residing in the Greenwood Lake School District and involved in Community Service who is interested in pursuing a career in the medical field.

Student's Full Name: _____

Home Address: _____

Home Telephone: _____

Email: _____

Date of Birth: _____

Current High School: _____

College of Choice: _____

Major: _____

Estimated Costs:

Tuition: _____

Room and Board: _____

List your Extra-Curricular School Activities:

Name of Organization/Club Activity

Length of Time Involved

List any Community Service you have performed during your High School Career:

Specific Type of Service/Organization	Time Period Involved/Total Hours Volunteered
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

References: Please include at least 2 people who can verify the information provided on this application:

Name: _____

Title: _____

Phone Number: _____

Name: _____

Title: _____

Phone Number: _____

List any special awards, honors, achievements, or recognition you have received either in school or within the community:

Award	Granting Organization/Year of Award
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please write a brief autobiography about your personal interest in the Medical Field. Please type and attach to this application.

Please mail to: Greenwood Lake Volunteer Ambulance Corps
Attn: Wally Langert Scholarship Committee
PO Box 223
Greenwood Lake, NY 10925