Timothy L. Correll Foundation
Scholarship Applicant Information &
Personal Statement

Name _____
Last Name *First Name* *M.I.*

Address _____
Number Street *City State/Province* *Zip/Postal Code*

Telephone Daytime ( ) _____ Evening ( ) _____

Email: _____

Are you a Minnesota Resident? Yes No County: _____

Email Address _____

College Name _____

College Address _____

Course of Study ___ Firefighting/Fire Science ___ Paramedic ___ Nursing LPN ___ Nursing RN

Year of entry into the Program _____ Expected Date of Completion _____

PERSONAL STATEMENT:

In 250 words or less briefly tell us about yourself and your career goals. How do you see this training contribute to the community/communities you plan to serve?

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