

# Captain George Baker Scholarship Fund

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## F.I.R.E. Retiree's Captain George Baker Scholarship Fund

The Captain George Baker Scholarship Fund is awarding several members of the community a scholarship to pay (approx. \$500.00 up to \$1800.00) per semester of an EMT course. An EMT-B (Emergency Medical Technician-Basic) license is a critical link in the chain of the health care team in the form of pre-hospital emergency care. This is also a prerequisite for jobs such as Fire Fighting or a Paramedic.

### Eligible Criteria:

- Minimum of a GED or High School Diploma
- Must achieve and obtain a CPR license.
- Must meet the college requirements to take the course.
- Agree to give 20 hours of community service to the F.I.R.E. RETIREES to support the Scholarship Program.
- Please state between 200 and 500 words, "Why do you want to be an Emergency Medical Technician (EMT) and what are your career goals?"
- You must be 18 to 28 years of age to apply.

### APPLICATION PACKET SHALL INCLUDE:

- Application filled out.
- Recent Job History
- Valid Driver's License - COPY
- Record Check – St. Louis City & County
- Official transcripts must be included from the most recent attended high school or college.
- Signed Agreement
- Completed essay.
- **The deadline for receiving this Application is December 22, 2023**

### **PLEASE MAIL YOUR APPLICATION PACKET TO:**

Captain George Baker Scholarship Fund  
PO Box 56517  
St. Louis, MO 63156

P. O. BOX 56517 St. Louis, Missouri 63156

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## SCHOLARSHIP APPLICATION

### Application Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E\*mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E\*mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Academic Profile:**

High School / Collegiate Information – most recent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

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## **Job History:**

Most Recent Information Only

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Years employed: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact # \_\_\_\_\_

## **Give at least Two (2) References**

Counselor/Reference: \_\_\_\_\_

Counselor/Reference: \_\_\_\_\_

Fire Fighter Affiliation: Are you related or know any firefighter in or around St. Louis?  
Yes or No If yes, Name & Dept: \_\_\_\_\_

Signature: \_\_\_\_\_

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## **Internal Use Only:**

Amount Awarded \$ \_\_\_\_\_

Reviewed By: \_\_\_\_\_