

Tonie's Fund Memorial Scholarship

Dear Applicant:

This One Thousand Dollar (\$1,000.00) Tonie's Fund Memorial Scholarship is awarded to students committed to continuing their education past high school in a medical field (i.e., Nursing School, Medical School, Emergency Medical Technician, Paramedic, or any related education). The award will be based on several factors, including financial need and academic achievement.

***** Once completed, return the application to the email or address below by September 30th, 2024. No applications will be accepted after that date. *****

If you have any questions concerning this application, please call email Tonie's Fund at tonies.fund@yahoo.com. Thank you for your interest in our scholarship, and good luck in your academic future.

Sincerely,



Mark Gentile
Executive Director
Tonie's Fund, Inc.



Tonie's Fund Memorial Scholarship

Please use an additional sheet of paper if it is necessary to complete any questions

Name: _____

Address: _____

Parent's Occupation: 1. _____
2. _____

List Names and Ages of any other Children in the household:

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____

List the Names of Universities, Colleges, or Trade Schools you have applied to in order of preference.

1. _____
2. _____
3. _____
4. _____

Anticipated Major (minor or course of study) _____

List all academic and civic activities (including sports):

Average Academic Grade: _____

Will you be receiving Financial Aid? Yes No Type: _____

Have you applied for or been awarded any other scholarships? Yes (please list them below.) No



Please write a brief statement as to why you are applying for this scholarship:

Statement of Applicant

It is understood that I intend to be a full-time student in the academic year 20____ to 20____. If the award is made and I do not attend a college for the dates specified, I understand the granting of the award is void. The information provided on this application is accurate to the best of my knowledge.

Date: _____

Signature: _____

Statement of Parent or Guardian (Required if the student is 17 years old or younger.)

This application has been made with my consent and is accurate to the best of my knowledge.

Date: _____

Signature: _____

Please submit one recommendation Letter with this application.



Tonie's Fund



Additional Space (if needed)

A 501(c)(3) Foundation
FEIN – 93-3577819

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