AT&T Public Safety Hero Scholarship Application
In conjunction with Dixie State University

BEFORE COMPLETING THIS APPLICATION, PLEASE READ THE FOLLOWING:

- Applicant must be fully admitted to Dixie State University.
- Applicant must be enrolled full time in the EMS Program.
- Applicant must be a needs-based, under-represented student.

PART I

Dixie State University Student ID # ___________________ (required)

Last Name: ________________________________ First Name: __________________ Middle Initial: ______

Date of Birth: ______________________________ Email address: ___________________________________

Best Contact Address: ____________________________________________________________

City: __________________________ State: _______ Zip: ______________

Home Phone Number: __________________________ Alternate/Cell Phone Number: ______________

Number of Credit hours completed at time of application__________ Current Cumulative GPA: __________

Year in School: Freshman _____ Sophomore _____ Junior _____ Senior _____

Declared Major: __________________________________________________________________________

PART II

Why did you choose to attend Dixie State University? ________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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Explain why you are in need of financial aid or feel you are an under-represented student in the EMS Program:

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

List all Scholarships and/or Financial Aid you have applied for or been awarded:

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<th>Scholarships, Grants or Other Aid</th>
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Comment briefly on your educational plans and goals for the future:

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

I understand that by completing this application I will be considered for a scholarship and that I am not guaranteed a scholarship.

I have read the instructions and certify that the above information provided in this application is true and correct to the best of my knowledge.

I also declare that if I attend Dixie State University, I will abide by the academic, scholastic and social standards of the college. A student found guilty of non-disclosure or misrepresentation in completing this form will be subject to disciplinary action, loss of scholarship and/or dismissal from DSU.

I hereby authorize the scholarship office to release this application and any attached documentation, including GPA, to the Committee.

Signature_______________________________________________ Date______________________________

Submit your completed application to:

DSU Scholarship Office  
Assistant Director, Scholarships  
225 South University Ave  
St George, UT 84770