

**NEW MEXICO EMS REGION 1**  
**Scholarship Request**  
**For**  
**Innovation Conference**  
**July 25, 2016 to July 30, 2016**  
 Mail or email completed application to:  
 Jerome Haskie  
 Region 1, Inc PO Box 403  
 Zuni, NM 87327  
[jhaskie@emsregion1.org](mailto:jhaskie@emsregion1.org)



First name:	Last Name:
Mailing address: <i>(include zipcode)</i>	
Phone number: (Include area code)	
Email address:	
Agency Affiliation if any:	
Paid or Volunteer:	
Level of Licensure:	
License Number :	

Request information:	Select which part of the conference you are requesting a scholarship to assist with costs: If awarded, scholarships are for \$100.00
Preconference Include course name:	
Core Conference :	