



# YVORRA LEADERSHIP DEVELOPMENT FOUNDATION

*PROMOTING LEADERSHIP DEVELOPMENT  
IN THE FIRE & EMERGENCY SERVICES*

## SCHOLARSHIP AWARD APPLICATION

### AWARD CRITERIA

- Potential for the applicant by virtue of his/her organizational duties and responsibilities, to have a positive impact upon the future of both his/her organization and the emergency response community.
- Formal education and previous training of the applicant, particularly in the area of management and administration.
- Applicant has demonstrated a strong commitment to professionalism in the emergency response community.
- Applicant can document the personal and financial support of his/her organization.
- Analysis of three recommendations submitted with the application.

### SCHOLARSHIP AWARDS COMMITTEE

**G. Crawford Wiestling** • (Committee Chairman), President, Investigative Loss Control, Inc., Minneapolis, MN

**Dr. Bryan E. Bledsoe** D.O. • EMS Author-Physician, Arlington, TX

**Alan V. Brunacini** • Chief (retired), Phoenix Fire Department, Phoenix, AZ

**Charles J. Burkell** • Program Chair, Executive Development, National Fire Academy, Emmitsburg, MD

**Richard B. Emery** • President, Emery & Associates, Inc., Vernon Hills, IL

**Chris Hawley** • Deputy Project Manager, Computer Sciences Corporation, Alexandria, VA

**Gregory A. Rhoads** • President, GRA Associates, Jacksonville, FL

**Jeff Washinger** • Senior Investigator, Investigative Loss Control, Inc., Minneapolis, MN

**Douglas R. Williams** • Fire Service Management Specialist, National Fire Academy, Emmitsburg, MD

**Donald E. Sellers** • AMI (in memoriam), Medical Illustrator - Publisher

## Information to be Filled Out by Applicant

*Please note that, if accepted, this Information may be shared with other participants.*

Name of Applicant \_\_\_\_\_

Title or Position \_\_\_\_\_

Organization \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Check one:    Appointed Official    Elected Official    Career Official

### **Formal Education** including management training courses:

School or Institution	Degree or Program Title	Date
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **Employment** Please provide a brief employment history in reverse chronological order, starting with your current position. If all work has been in the same organization, please list major promotions.

Name of Organization	Title or Position	Dates: from-to
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe your organization fully:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your specific duties and responsibilities within the organization:

\_\_\_\_\_



