



STARK STATE COLLEGE

Changing Lives ... Building Futures

Stacie Cross Annual Paramedic Scholarship Application

For students enrolling or currently enrolled in SSCT:

Paramedic Program

Application Deadline:

January 30 each year

6200 Frank Ave. N.W.
North Canton, OH 44720-7299
Financial Aid Office
330-966-5456, Ext. 4301
www.starkstate.edu



Stacie Cross Annual Paramedic Scholarship

Stacie Cross was a paramedic who became a victim of cancer. In her memory, her family has established this scholarship. The mission of the scholarship is to provide financial assistance to a student who is currently enrolled in the Stark State College paramedic education courses.

Scholarship awards shall be provided to the student by crediting the student's account for tuition. The annual per student scholarship award is restricted to \$500. The scholarship money will be applied toward the student's accounts.

SCHOLARSHIP AWARDING CRITERIA

To be eligible, a student must:

- Be an incoming freshmen, current freshmen or sophomore student who is in the Paramedic program.
- Have a grade point average (GPA) of 2.0 or better.
- Complete and submit the SSCT Scholarship application

Application deadline: January 30 each year

Notice of Award: February 15th of each year

For additional information you may contact one of the following:

Department of Financial Aid Services

330-966-5456, Ext. 4301

www.starkstate.edu

Department of Emergency Medical Services

Bonnie Stich 330-305-6633 #3

BStich@starkstate.edu

Department of Emergency Fire Services

Fred Bertram 330-305-6633 #1

FBertram@starkstate.edu



Stacie Cross Annual Scholarship
Please submit your completed application to:
Financial Aid Services
Stark State College
6200 Frank Avenue N.W.
North Canton, OH 44270-7299

Student Name _____ SS# _____

Address _____
Street City State Zip

Apt. _____ County of Residence _____

Home Phone _____ Work Phone _____

College GPA (if applicable) _____

(ATTACH TRANSCRIPTS CONFIRMING GPA, copies are accepted)

Are you pursuing an Associate Degree at Stark State College? Yes No

If yes, which degree?

Applicant's comments:

Release of information

I authorize the Financial Aid Office/representative of Stark State College to exchange financial, academic and other information necessary in determining eligibility for this scholarship. I also authorize the release of my name and the amount of my scholarship award for publicity purposes.

Student Signature _____ Date _____