

Diver Medical Education Grants

Five training grants will be awarded to qualified females or males. No funds will be awarded; training is provided directly by the Diver Medic.

- Two grants (valued at £1000 each) will be awarded for Diver Medical Training to a qualified female or male in the UK and Europe areas. Applicants must be over the age of 18, have at least the recreational diver certification or equivalent, and should hold a current EFR/BLS/First Aid certification. The grants cover full Diver Medical theory and Practical training (approximately 70 hours); please refer to the Diver Medic website for more details. The student will be responsible for arranging and paying for his/her own transport, accommodation and other expenses to the training locations. Please email info@thedivermedic.com for more information. On successful completion, the student will receive a certificate and certification card.
- 3 grants (valued at \$500 each) for EFR Approved Diving Emergency Medical Responder Courses will be awarded to females or males in the USA or Canada. For more details of the online courses, please check the Diver Medic website (<https://www.thedivermedic.com/newpage>). On successful completion, the student will receive a certificate and certification card.

* Required

1. Email *

Certification
of Single
WDHOF
Application

You are only allowed to apply for ONE scholarship or dive training grant during this competition. If you have questions about which grant matches your needs and eligibility, please carefully review the scholarship/grant descriptions and eligibility requirements. If you're still not sure, please email wdhofgrants@gmail.com.

2. By entering my initials below, I certify that this is the only WDHOF scholarship or grant award that I am applying for, during this competition. *

Applicant Information

3. First Name *

4. Last Name *

5. Mailing Address - Street *

6. Mailing Address - City *

7. Mailing Address - State/Province *

8. Mailing address - Country *

Note that the 2 Diver Medical Training Grants are only for applicants in the UK or Europe. The 3 EFT Approved Diving Emergency Medical Responder grants are only for applicants in the U.S. or Canada.

9. Mailing address - Postal code *

10. Phone number (please include country code) *

11. Date of Birth *

Example: January 7, 2019

12. Age (Yes, we should be able to figure this out from Date of Birth, but sometimes applicants enter the wrong year--seriously.) *

13. My preferred gender pronouns are: *

We are asking this question to determine your eligibility for "women-only" or "men or women" grants.

Mark only one oval.

She/her

He/his

14. Have you previously applied for a WDHOFScholarship? *

Mark only one oval.

Yes, awarded

Yes, not awarded

No

Applicant Statement

15. I am applying for: *

Mark only one oval.

Diver Medical Training (I am in the U.K. or Europe)

EFR Approved Diving Emergency Medical Responder (I am in the U.S. or Canada)

16. Applicant Statement *

Why are you applying for this scholarship and how will it help further your career in diving medicine? (up to 500 words)

Training Information

17. Training Program *

List the course(s) that you propose to take; refer to the Diver Medic website for course information. Indicate when you plan to take the course(s). Note that this grant does not include a monetary award. You have until August 2023 to complete the training--18 months from the March 2022 award date.

18. Diving Certification and Experience *

Please list any dive certifications and date, # of dives, and a brief description of the types of diving you've done.

19. Medical experience *

Describe other medical and first aid certifications and experience.

Letters of recommendation

Two (2) recommendations are required. They may be from dive instructors, teachers, professors, employers, mentors--anyone in a position to support your application--and in particular, your ability to follow through on the training. Please ask your recommenders to email you a copy of their letters of recommendation, on letterhead stationery, if applicable.

PLEASE PAY CLOSE ATTENTION TO THE FILE NAMING FORMAT. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN REJECTION OF YOUR APPLICATION.

Please upload letters of recommendation below.

20. Recommender 1: *

Please list name, email address, affiliation, number of years you have known the recommender, and in what capacity you know the recommender (e.g., teacher, dive instructor, pastor, employer, co-worker, friend).

21. Upload letter from recommender 1. *

The letter should be on letterhead/official stationery, if applicable. THIS IS IMPORTANT: PLEASE USE THIS FORMAT FOR THE UPLOADED FILE: <YOUR LAST NAME> LOR1 (for example, POMPONI LOR1). Failure to use this format may result in a deduction in your score or rejection of your application.

Files submitted:

22. Recommender 2: *

Please list name, email address, affiliation, number of years you have known the recommender, and in what capacity you know the recommender (e.g., teacher, dive instructor, pastor, employer, co-worker, friend).

23. Upload letter from recommender 2. *

The letter should be on letterhead/official stationery, if applicable. THIS IS IMPORTANT: PLEASE USE THIS FORMAT FOR THE UPLOADED FILE: <YOUR LAST NAME> LOR2 (for example, POMPONI LOR2). Failure to use this format may result in a deduction in your score or rejection of your application.

Files submitted:

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