Maryland Emergency Management Association
2021 Donald “Doc” Lumpkins Memorial Scholarship Program

Background: The Maryland Emergency Management Association (MDEMA) has established the MDEMA Donald “Doc” Lumpkins Memorial Scholarship Program to nurture, promote and develop future emergency management professionals by furthering the education of students studying emergency management and related career fields.

Purpose: To financially assist students pursuing an associate or baccalaureate degree in emergency management or a closely related career field.

Scope: Each calendar year, MDEMA will offer a $1,000.00 scholarship to eligible students in each of the following five geographic areas:

- Area I – Western Maryland (Allegany, Garrett, and Washington Counties)
- Area II – National Capital (Frederick, Montgomery and Prince George’s Counties)
- Area III – Central Maryland (Annapolis, Anne Arundel, Baltimore, Baltimore City, Carroll, Harford and Howard Counties)
- Area IV – Eastern Shore (Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Somerset, Talbot, Wicomico and Worcester Counties)
- Area V – Southern Maryland (Calvert, Charles and St. Mary’s Counties)

Guidelines:

- Members of MDEMA and their immediate family members are not eligible for the scholarship program. Immediate family members are defined as those who reside with MDEMA members.

- Applicant must be either:
  - A senior attending an accredited Maryland high school who has been accepted to a two- or four-year college or university, and who plans to major in emergency management or a closely related field, or;
  - A student currently accepted to or enrolled in a two- or four-year college or university who is pursuing a degree in emergency management or a closely related field.

- All applications will be reviewed by the MDEMA Scholarship Committee. Preference will be given to students pursuing a degree in the emergency management field of study;
however, students pursuing a degree in a closely related field may also apply. Scholarships will be awarded based on evaluation of a combination of the following:
  o the quality of the applicant’s essay
  o successful completion of the Local Emergency Management Contact Form;
  o evidence of community involvement;
  o student records;
  o unweighted GPA; and
  o personal references.

*Applications will be accepted in electronic format only.* Applications **MUST** be received via email no later than 5:00 p.m. on **Friday, April 2, 2021**.

Applications should be emailed to: emergencymanagement@carrollcountymd.gov.

Scholarship recipients will be selected by May 1, 2021. A local emergency management official will present the scholarship certificate to the recipient at his or her high school senior awards program, if applicable, or at an otherwise agreed upon location.

Scholarship payment will be forwarded directly to the student’s higher education facility to cover tuition, housing, books, or other college related expenses. Documentation of expenditures for said amount will be made available to the Scholarship Committee.
Maryland Emergency Management Association
2021 Donald “Doc” Lumpkins Memorial Scholarship
Program Application Form

(Please type or print)

Name:

Last ____________________________ First ____________________________ Middle ____________________________

Address:

Street ____________________________ City ____________________________ State ____________________________ Zip Code ____________________________

Residing County: ____________________________

Primary Contact Number: ____________________________

Email: ____________________________

If high school student:

Parent(s) or Guardian Name(s):

High School Name: ____________________________

All applicants:

Unweighted Cumulative GPA: ____________________________

Desired or current field of study: ____________________________

How did you find out about this scholarship program? ____________________________
Name and address of college or university to which you have been accepted, plan to attend, or are currently attending:

__________________________________________________________________________________

__________________________________________________________________________________

Please list any community involvement:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Submit completed application and required attachments via email to:

MDEMA Scholarship Committee
Attn: Chairperson, Valerie D. Hawkins, MDPEMP
eergencymanagement@carrollcountymd.gov
Donald “Doc” Lumpkins Memorial Scholarship Program Application Form

Rules for Completion – Please Read Carefully

1) The application must be completed in its entirety and must be legible. Please print or type.

2) If you are not already attending college: Attach your college or higher education institution acceptance letter, if available. If you are planning on attending a Maryland Community College and do not have an acceptance letter, please submit a letter of recommendation from your high school that verifies your intent to attend a Maryland Community College.

3) If you are already enrolled in college, please submit proof of your current field of study (ex: current transcript showing major).

4) All applicants must provide a minimum of two reference letters. Letters may be from school administrators, teachers, civic leaders, ministers, neighbors, or job supervisors. **Reference letters cannot be from family members.**

5) Essay
   - All applicants must submit a 500-word (minimum) essay addressing the following topic:
     - Identify the primary elements of emergency management and discuss the segment in which you want to work.
   - The essay must be typed & double spaced. Word or PDF document formats are preferred.
   - The essay must contain a cover sheet that includes the applicant’s name, address and contact number.

   **Do not place your name on any other page of the essay. Placement of any personal information on any of the other essay pages will result in disqualification.**

6) Applicants must visit the local emergency management agency for the county in which they reside and complete the Local Emergency Management Contact Form (see page 6). This visit may be conducted over the phone or via a virtual conferencing platform. Completion of this requirement will be verified with the local emergency management agency.

7) Finalists for consideration of a scholarship may be required to provide additional information as deemed necessary by the Committee.

8) Applicants will be considered regardless of race, religion, gender, national origin, sexual orientation, or physical disability.
9) Selection and awards by the Committee are final.

10) Immediate family of MDEMA members are not eligible for the scholarship program. Immediate family members are defined as those who reside with MDEMA members.

REMEMBER: Application deadline is Friday, April 2, 2021.
Local Emergency Management Contact Form

Applicant – Please contact the local emergency management agency for the county in which you reside to arrange for an in person or virtual visit to complete this form. **Submit this form with your completed application and essay.** If necessary, the back of this form or another sheet of paper may be used.

Name of county and location of your local emergency management agency:

Name of the Local Emergency Management Director/Coordinator and his/her contact number: (If possible, attach his/her business card)

List the top three responsibilities of the Local Emergency Management Director/Coordinator.

A. ______________________________________________________________________

B. ______________________________________________________________________

C. ______________________________________________________________________

List the top three projects in which your Local Emergency Management Agency is currently involved.

A. ______________________________________________________________________

B. ______________________________________________________________________

C. ______________________________________________________________________

Date and Time of visit: ______________________________________________________________________

Name and position of the individual you visited: ______________________________________________________________________