



**WORK EXPERIENCE:**

Beginning with your most recent work experience, list your employment. Use separate paper if more space is required:

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_

Employer Address \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_

Employer Address \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_

Employer Address \_\_\_\_\_ Position \_\_\_\_\_

**APPLICANT INFORMATION:**

College Attending: (Name, Town, State) \_\_\_\_\_

Number of years attended \_\_\_\_\_ Expected date of graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EXTRACURRICULAR/COMMUNITY SERVICE** (attach separate sheet if necessary)

Type of Activity	Position Held	Years Participating

## ESSAY SUBMISSION

This essay will be scored on content, grammar and spelling accuracy. Please use Times New Roman 12 Font with 1-inch margins, double-spaced.

### Answer one of the following questions:

1. Describe an experience that you have had that influenced your decision to pursue respiratory care as a career.

**OR**

2. There are many career paths within the field of Respiratory Care that one can pursue, which of these paths do feel would be the best choice for you.

The undersigned hereby certify that the information provided on this application, including attachments, is true to the best of their knowledge.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return application and all supplemental materials by September 15, 2018 to:

Jason Wright  
35 Moss Ave  
Seymour, CT 06483  
(203) 932-5711, 4258  
[jason.wright@va.gov](mailto:jason.wright@va.gov)

FINAL DECISIONS AND NOTIFICATION OF AWARD WILL BE MADE UPON VERIFICATION OF ENROLLMENT IN AN ACCREDITED RESPIRATORY CARE PROGRAM AND NOTIFICATION OF ACTUAL STUDENT ATTENDANCE. APPLICATIONS AND AWARDS ARE FOR THE YEAR IN WHICH APPLIED **ONLY**.