

Connecticut Society for Respiratory Care

2019 House of Delegates (HOD) Grant Application for Students to attend the Nov 7 and 8, 2019 HOD meeting in New Orleans, LA*

Students who are currently enrolled in a CT Respiratory Care Program or a May graduate of a CT Respiratory Care Program are eligible to apply
*This is a \$200 grant and will not cover all of the costs associated with attending this meeting.
Students will be responsible for making their own travel arrangements and expenses.

SCHOLARSHIP ELIGIBILITY:

The applicant must submit the following information and meet the listed criteria for eligibility. If **ALL** documents are not submitted by the application deadline, the application will not be considered.

For Currently enrolled students:

- 1. Have an overall GPA of at least 2.75 or the equivalent thereof, as verified by submission of official or unofficial transcript, signed by the Program Coordinator or Director of Clinical Education from the college in which you are currently enrolled.
- 2. Current student member of the AARC

For May 2019 Graduates

- 1. Proof of graduation from an accredited Respiratory Care Program (official or unofficial transcript, signed by the Program Coordinator or Director of Clinical Education, from the college where you obtained your degree in Respiratory Care which included the degree conferral date)
- 2. Current active member of the AARC

For all applicants:

- 1. Be a U.S. citizen and submit a copy of a birth certificate or US Passport **OR** be a permanent resident in the US or proof of permanent US residence.
- 2. Write an essay paper in response to one of the two questions contained within this application
- 3. Submit this application and all of the required documentation by **July 1, 2019**.

BACKGROUND INFORMATION:

NAME:				
LAST NAME		FIRST N	AME	MIDDLE INIT.
PRIMARY M	1AILING ADDF	RESS:		
NUMBER	STI	REET	APARTMENT #	
CITY	STATE	ZIP CODE	TELEPHONE #	
VALID EMAIL	L ADDRESS			
WORK EX	PERIENCE:			
	vith your mos is required:	t recent work expe	rience, list your employm	ent. Use separate paper if
Employer			Dates Employed	
Employer Address		Position		
Employer		Dates Employed	_ Dates Employed	
Employer Ad	ldress		Position	
Employer			Dates Employed	
Employer Ad	ldress		Position	
APPLICAN	IT INFORM	ATION:		
College Atto	ending/Gradu	ated From: (Name, ⁻	Fown, State)	-
		ed Expected	date of graduation or gra	duation

EXTRACURRICULAR/COMMUNITY SERVICE (attach separate sheet if necessary)

Position Held	Years Participating
	Position Held

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:

Why should the CTSRC choose you as the recipient of the \$200.00 grant to attend the AARC House of Delegates meeting, on Nov 7 and 8, 2019 in New Orleans, LA? Please include an explanation of how you plan to pay for the non-funded expenses of the trip.

OR

How will attending the AARC House of Delegates meeting, on Nov 7 and 8, 2019 in New Orleans, LA affect your professional growth? Please include an explanation of how you plan to pay for the non-funded expenses of the trip.

•	ned hereby certify that the information parties is true to the best of their knowledge.	provided on this application, includin	g
Applicant sigr	nature:	Date:	
	Return application and all supplemental	materials by July 1, 2019 to:	

Jason Wright 35 Moss Ave Seymour, CT 06483

ONCE SELECTED AND NOTIFIED STUDENTS MUST COMPLETE THE ON-LINE HOD MENTORSHIP APPLICATION BEFORE THE DUE DATE – Sept 22, 2019.

APPLICATIONS AND GRANTS ARE FOR THE YEAR IN WHICH APPLIED ONLY.