



Connecticut Society for Respiratory Care
2020 Scholarship Application for New Students

**This application is for a new/incoming student enrolled in an Accredited Respiratory Care Program at a Connecticut college.*

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.

1. Have an overall GPA of at least 2.75 or the equivalent thereof, as verified by submission of unofficial transcripts from the college in which you are currently enrolled and all colleges previously attended. The transcripts must be verified for accuracy by the Respiratory Care program director or the director of clinical education.
2. Be a U.S. citizen and submit a copy of a birth certificate or US Passport **OR** proof of permanent residency in the US.
3. Write an essay paper in response to one of the two questions contained within this application
4. Submit this application and all of the required documentation by February 28, 2020.

BACKGROUND INFORMATION:

LAST NAME FIRST NAME MIDDLE INIT.

PRIMARY MAILING ADDRESS:

NUMBER STREET APARTMENT #

CITY STATE ZIP CODE TELEPHONE #

VALID EMAIL ADDRESS

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 February 28, 2020 to:

Jose Jimenez
Respiratory Care Services
Bridgeport Hospital
267 Grant Street
Bridgeport, CT 06610
Jose.Jimenez@bpthosp.org

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**.