



## ***Connecticut Society for Respiratory Care 2020 Scholarship Application for Degree Advancement Students***

***\*This application is for a licensed RRT who is enrolled in bachelors, masters or doctorate program in Respiratory Care or a related major.***

### **SCHOLARSHIP ELIGIBILITY:**

The applicant must submit the following information and meet the listed criteria for eligibility. If **ALL** documents are not submitted with the completed application, 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 official transcripts from the college in which you are currently enrolled and all colleges previously attended.
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. Proof of graduation from an accredited Respiratory Care Program (official transcript from the college where you obtained your degree in Respiratory Care which included the degree conferral date)
4. Proof of a valid NBRC RRT credential.
5. Valid CT RCP license.
6. Current member of the AARC
7. Currently enrolled in an advanced degree program in Respiratory Care or a related field (official transcript from the college in which you are currently enrolled)
8. Write an essay paper in response to the question contained within this application.
9. Submit this application and all of the required documentation by **February 28, 2020**.



**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 the following question:**

- 1. How do you plan to use this advanced degree to impact the profession of Respiratory Care?**

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 by **February 28, 2020** to:

Jose Jimenez  
Respiratory Care Services  
Bridgeport Hospital  
267 Grant Street  
Bridgeport, CT 06610  
[Jose.Jimenez@bpthosp.org](mailto: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**.