



**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 Now 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 a clinical experience you had while attending the respiratory care program or any other health care field that solidified your decision to pursue respiratory care as a career.

**OR**

2. As a future respiratory care practitioner, describe what you would do to increase public awareness of the profession.

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, 2022** to:

Maria Marques  
24 Wild Cherry Drive  
Naugatuck, CT 06770  
[Mariarcp2@gmail.com](mailto:Mariarcp2@gmail.com)

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**.