



Connecticut Society for Respiratory Care 2023 Scholarship Application for Current Students

This year's scholarship is partially funded by a generous donation from the Hartford Health Care Respiratory Care Departments

**This application is for a continuing student (2nd year or higher) 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 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 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, 2023**.

BACKGROUND INFORMATION:

| | | |
|-----------|------------|--------------|
| LAST NAME | FIRST NAME | MIDDLE INIT. |
|-----------|------------|--------------|

| | | |
|--------|--------|-------------|
| 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 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 |
|------------------|---------------|---------------------|
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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, 2023** to:

Maria Marques
24 Wild Cherry Drive
Naugatuck, CT 06770
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**.