

Connecticut Society for Respiratory Care 2023 Scholarship Application for <u>New Students</u>

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

*This application is for a new (1st year) or incoming students 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, 2023.

BACKGROUND INFORMATION:

| LAST NAME | 3 | FIRST NAME | MIDDLE INIT. | | | |
|--------------------------|-----------------|------------|--------------|--|--|--|
| | | | | | | |
| PRIMARY MAILING ADDRESS: | | | | | | |
| | WILLIAM TIBBILE | 35. | | | | |
| | | | | | | |
| NUMBER | STREET | | APARTMENT # | | | |
| NUMBER | STREET | | ATAKTMENT# | | | |
| | | | | | | |
| | | | | | | |
| CITY | STATE | ZIP CODE | TELEPHONE # | | | |
| | | | | | | |
| VALID EMA | IL ADDRESS | | | | | |

WORK EXPERIENCE:

| Beginning with your most more space is required: | st recent work experience, li | ist your employment. Use separate paper if |
|--|-------------------------------|--|
| Employer | | Dates Employed |
| Employer Address | | Position |
| Employer | | Dates Employed |
| Employer Address |] | Position |
| Employer | | Dates Employed |
| Employer Address | P | Position_ |
| APPLICANT INFO | RMATION: | |
| College Attending: (Name | e, Town, State) | |
| Number of years attended | d Expected date of | graduation:/ |
| EXTRACURRICUL necessary) | AR/COMMUNITY S | ERVICE (attach separate sheet if |
| Type o f 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 <u>one</u> 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, 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.