



## ***Connecticut Society for Respiratory Care 2024 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 (2<sup>nd</sup> 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 the required documentation by **April 1<sup>st</sup>, 2024.**

### **BACKGROUND INFORMATION:**

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LAST NAME	FIRST NAME	MIDDLE INIT.
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NUMBER	STREET	APARTMENT #
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CITY	STATE	ZIP CODE	TELEPHONE #
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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

## 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 **April 1<sup>st</sup>, 2024** 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**.