



***Connecticut Society for Respiratory Care  
2024 Scholarship Application for Degree Advancement 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 licensed RRT who is enrolled in a bachelor's, master's 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 and the CTSRC.
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 the required documentation by **April 1<sup>st</sup>, 2024.**

**BACKGROUND INFORMATION:**

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INIT.

\_\_\_\_\_  
NUMBER STREET APARTMENT #

\_\_\_\_\_  
CITY STATE ZIP CODE TELEPHONE #

\_\_\_\_\_  
VALID EMAIL ADDRESS

CURRENT RCP LICENSE # \_\_\_\_\_

RESPIRATORY CARE DEGREE \_\_\_\_\_  
College Graduation Year

AARC MEMBER # \_\_\_\_\_

**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 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 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**.