

# Connecticut Society for Respiratory Care 2025 Scholarship Application for <u>Students</u> <u>Graduating in 2025</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 current student, (2<sup>nd</sup> year or higher), who should be graduating in 2025 from 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 March 31st, 2025.

## **BACKGROUND INFORMATION:**

LAST NAME	FIRST NAME		MIDDLE INIT.	
NUMBER	STREET		APARTMENT #	
CITY	STATE	ZIP CODE	TELEPHONE #	
VALID EMAIL ADDR	RESS			

## **WORK EXPERIENCE:**

Beginning with your most rece more space is required:	ent work experience, list yo	our employment. Use separate paper if
Employer	Dates	Employed
Employer Address	Positi	on
Employer	Dates	Employed
Employer Address	Positi	on
Employer	Dates	Employed
Employer Address	Positio	on
APPLICANT INFORMA	ATION:	
College Now Attending: (Nam	ne, Town, State)	
Number of years attended	Expected date of gradu	nation:/
EXTRACURRICULAR necessary)	/COMMUNITY SER	VICE (attach separate sheet if
	/COMMUNITY SER	VICE (attach separate sheet if  Years Participating
necessary)		` <b>-</b>
necessary)		` •

#### **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 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 March 31st, 2025 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.