

April 19, 2010

**ATTENTION RESPIRATORY CARE STUDENTS  
2010 AzSRC SCHOLARSHIPS**

The AzSRC is again offering scholarship funds to residents of the State of Arizona who are currently enrolled in an approved Respiratory Care Program. You must currently be attending classes or in clinical rotations and have been enrolled for a minimum of three (3) months.

The scholarships will be awarded based on need, scholastic achievement and professionalism. A committee will review all applicants and choose the individuals that best fit the criteria. There will be a total of four (4) scholarships awarded this year of 500.00 each. If the student is not already an AARC member, funds will be removed from the scholarship to be applied for the student's membership.

The winners will be notified by mail and the scholarships will be awarded at the August 2010 AzSRC Conference. Time and location of the announcement will be given with notification.

**APPLICATION DEADLINE IS MAY 30<sup>th</sup>, 2010**

All applications must be completed by the student and returned to the Program Director for mailing. Completed applications are to be mailed to:

Laura Hadley, BS, RRT,  
Vice President, AzSRC  
6611 W. Peoria Avenue, Suite 5-260  
Glendale, AZ 85302

April 19, 2010

Dear Program Director:

Enclosed is a packet of information for the 2010 AzSRC scholarships. Please feel free to copy the forms as needed or go to our website at [www.azsrc.org](http://www.azsrc.org) to download application packet.

Students must complete the application form and return it to you for your completion. There are two criteria for applicants:

- The student must have been enrolled in your program a minimum of three (3) months.
- The students must maintain a 3.0 GPA or better to be considered.

In addition to the completed application form, we ask the students to provide a letter of recommendation from one or more of their instructors, and ask each Program Director to complete the Program Director Statement.

**ALL APPLICATIONS MUST BE RETURNED TO ME BY May 30<sup>th</sup>, 2010**

Award notification will be sent to the school by mail and all awards will be presented at the AzSRC conference in August. The date and location of the announcement will be sent with the notification.

Thank you for your assistance. Should you have any questions, please feel free to contact me [laura.hadley@bannerhealth.com](mailto:laura.hadley@bannerhealth.com) or leave a voicemail 602-747-7279

Respectfully,

Laura Hadley, BS, RRT,  
Vice President, AzSRC  
6611 W. Peoria Avenue, Suite 5-260  
Glendale, AZ 85302

**AZ Society for Respiratory Care (AzSRC)  
2010 SCHOLARSHIP APPLICATION FORM**

**NAME:** \_\_\_\_\_  
Last First Middle initial

**HOME ADDRESS:** \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip Code

**PHONE:** \_\_\_\_\_  
Home Cell Phone

**ARE YOU A RESIDENT OF ARIZONA?** Yes \_\_\_\_\_ No \_\_\_\_\_

**ARE YOU AN AARC MEMBER?** Yes \_\_\_\_\_ No \_\_\_\_\_

**AARC #:** \_\_\_\_\_

**SCHOOL AFFILIATION** \_\_\_\_\_

**EMPLOYMENT:** (Please check one)

\_\_\_\_\_ Working 40 hours or more a week

\_\_\_\_\_ Working 20 to 40 hours a week

\_\_\_\_\_ Working less than 20 hours a week

\_\_\_\_\_ Not working at this time

**MARITAL STATUS:** Married \_\_\_\_\_ Single \_\_\_\_\_  
If married, is your spouse working? Yes \_\_\_\_\_ No \_\_\_\_\_

**NUMBER OF DEPENDENTS:** \_\_\_\_\_

**TOTAL EXPECTED HOUSEHOLD INCOME:** \$ \_\_\_\_\_

**PLEASE CHECK WHICH RESOURCES YOU ARE PRESENTLY RECEIVING OR HAVE RECEIVED AND STATE THE AMOUNT YOU HAVE BEEN LOANED OR GRANTED TO ASSIST IN YOUR EDUCATION:**

VA Benefits                    \$ \_\_\_\_\_  
Loans                            \$ \_\_\_\_\_  
Grants                         \$ \_\_\_\_\_  
Educational Awards        \$ \_\_\_\_\_  
Scholarships                \$ \_\_\_\_\_  
Other                            \$ \_\_\_\_\_

Total Amount of Loans    \$ \_\_\_\_\_

**ON A SEPARATE SHEET OF PAPER, PLEASE ADDRESS THE FOLLOWING QUESTIONS AND ATTACH YOUR ANSWERS TO THIS APPLICATION.**

1. Please describe why your personal and financial needs warrant this Scholarship.
2. Describe why you feel it is important to be involved in your profession by addressing the following areas.
  - A. Are you currently involved or have you been involved in the past in any community service work or association? If so, please explain your involvement.
  - B. Why do you feel it is important to be a member of the AARC and the AzSRC?
3. State your plans and goals after graduation, in terms of your career and profession.

**I HEREBY CERTIFY THAT THE ABOVE STATEMENTS MADE BY ME ARE CORRECT:**

**SIGNATURE (APPLICANT):** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**INCLUDE WITH THIS APPLICATION THE PROGRAM DIRECTOR'S STATEMENT AND A LETTER OF RECOMMENDATION FROM ONE OR MORE OF YOUR INSTRUCTORS.**

All applications must be fully completed for full consideration.

Please submit applications to the Program Director and have the Director mail all the applications to:

Laura Hadley, BS, RRT,  
Vice President, AzSRC  
6611 W. Peoria Avenue, Suite 5-260  
Glendale, AZ 85302

**APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE NO LATER THAN MAY 30<sup>TH</sup>, 2010.**

**PROGRAM DIRECTOR'S STATEMENT**

NAME OF SCHOOL: \_\_\_\_\_

SCHOOL PROGRAM DIRECTOR: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

Applicant's Grade Point Average (minimum 3.0) \_\_\_\_\_

Applicant's time in the program (minimum 3 months) \_\_\_\_\_

COMMENTS REGARDING THE APPLICANT'S SCHOLASTIC ABILITIES,  
INCLUDING REFERENCE TO CLINICAL ABILITIES AND DESCRIPTION  
OF THE STUDENT'S BENEFITS FROM THIS SCHOLARSHIP.

SIGNATURE \_\_\_\_\_  
PROGRAM DIRECTOR

DATE: \_\_\_\_\_

**Please send by May 30<sup>th</sup>, 2010**