

Joyce Kallstrom Memorial Scholarship Application

Revised 2020

Instructions to Applicants:

- Please use ink, print, or type your answers.
- Complete and submit all the requirements described below.
- Personal references can be sent to the SDSRC President or the MSRC President at the email address listed or by request of physical address via mail depending on the state of residence.

All applications for scholarship awards must be accompanied by the following:

1. A professional **written paper** including the following:
 - a. Describe a problem or struggle you have overcome and how that experience will make you a better respiratory therapist in the future.
 - b. Think of a patient experience or a specific patient that was special to you. How has the experience with that patient made you a better respiratory therapist?
 - c. How can we as a profession reduce the number of COPD patients in the United States and work towards achieving an earlier diagnosis for patients?
2. A **short description** (250 words or less) outlining your academic, professional, and/or volunteer respiratory care experience that may include career goals and/or an explanation of your reason(s) for choosing respiratory care as a profession.
3. A **letter from the Program Director** or Clinical Faculty Member attesting to the applicants (a) enrollment in an accredited respiratory program with a cumulative GPA of 3.0 or greater, (b) expected graduation date, and (c) potential for a career in the respiratory care profession.
4. **Two personal references.** One reference must be from an instructor or respiratory care practitioner who has worked with you in a patient care setting.
5. A current copy of **College Transcripts.**
6. A copy of your **AARC Membership Card.**

Deadline for Application: March 31st, annually

Email Completed Application to one of the following:

SDRC: Sdsrc.president@gmail.com

MSRC: heather.faucher@centracare.com

(If you prefer to mail completed paperwork, please email the president for the current mailing address)

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____