

JIM PAWOL MEMORIAL SCHOLARSHIP FUND WSRC EDUCATIONAL ASSISTANCE PROGRAM GUIDELINES

The WSRC Board of Directors has formally approved an Educational Assistance Program in memory of Jim Pawol. The program is designed to provide financial assistance to those students who wish to continue their education in the field of Respiratory Care.

The WSRC has made available \$500 for educational assistance this fiscal year (2005-2006). The amount of money made available may vary from year to year and may be divided among more than one applicant. Funding will be determined by the Board of Directors annually.

Eligibility for the scholarship(s) will be based upon the financial need of the applicant, work history, academic performance, and personal background. Any student living within the state of Wyoming and attending a Wyoming offered program (including correspondence schools) is eligible for financial assistance. This scholarship is available for AARC members only and may be granted only one time.

Application, along with a letter of recommendation, and documentation of admission or current attendance to a Respiratory Care Program must be completed and mailed to the WSRC by **September 1, 2008**. The recipient(s) of this money will be announced after the next regularly scheduled Board of Directors meeting.

Return application forms to:

Janie Burnett

WSRC Treasurer

3601 Brookview Dr.

Casper, Wy 82604

Work: 307-577-2546

Home: 307-237-5898

Fax: 307-577-5018

WYOMING SOCIETY FOR RESPIRATORY CARE
JIM PAWOL MEMORIAL SCHOLARSHIP FUND
APPLICATION FOR EDUCATIONAL ASSISTANCE

The information contained in the application will be used in selecting recipients for the Wyoming Society for Respiratory Care Education Assistance Program. Furnishing false information or misrepresentation of information will result in immediate disqualification from the program. Along with the application form, submit a letter of recommendation and documentation of attendance to a Respiratory Care Program.

NAME _____

LAST FIRST MIDDLE

ADDRESS _____

ST./P.O. Box CITY STATE ZIP CODE

HOME PHONE _____ WORK
PHONE _____

CURRENT PLACE OF
EMPLOYMENT _____

JOB TITLE _____ CURRENT ANNUAL FAMILY
INCOME _____

(Please attach extra sheets, if additional space is required for the questions below.)

DESCRIBE THE PROGRAM OF STUDY WHICH YOU INTEND TO PURSUE

WHAT IS THE AMOUNT OF FINANCIAL ASSISTANCE BEING REQUESTED?

(List other sources of financial aid available, if any.)

WHAT ARE YOUR REASONS FOR APPLYING FOR FINANCIAL ASSISTANCE?

PLEASE PROVIDE A SUMMARY OF YOUR EDUCATIONAL BACKGROUND.

(Please attach a copy of your college transcript, if applicable.)

WHAT ARE YOUR PLANS AFTER GRADUATION?
