**Maine Society for Respiratory Care**

**Shelley Kates-Wilson Memorial Scholarship**

**SCHOLARSHIP INFORMATION**

1. In alignment with our mission statement: "Through evidence based knowledge, the MeSRC is committed to respiratory health and education for professionals, patients, families and the public throughout the state of Maine “ , and to honor the work and dedication of one of our respected colleagues, the Shelley Kates-Wilson Memorial Scholarship was established. The MeSRC offers this scholarship to Respiratory Therapists who are a working professional in Maine seeking an advanced degree and who have demonstrated commitment to the highest standards in respiratory care and to public health. Scholarship amounts will be $500.00 and will be awarded to a varying number of applicants. A Respiratory Therapist may apply more than once. Scholarships will be presented to the selected therapist.

**SELECTION COMMITTEE:**

• Members of the MeSRC Education Committee, excluding any respiratory training program employees

• Committee members will base decisions on fair and unbiased terms as possible

**SELECTION CRITERIA:** Selection is based on consideration of:

1. Verified admission in an accredited program and a working professional in Maine seeking an advanced degree.

1. Be a member of the AARC/MeSRC, licensed and credentialed in Respiratory Care
2. The student must hold a minimum 3.0 out of 4.0, or equivalent, GPA for all required Respiratory program course work on the submitted transcript(s)
3. Student must demonstrate an aptitude for serving those afflicted with lung disease or sleep disordered breathing, as well as a commitment to the Respiratory care profession.
4. Student will have documentation of 8 hours of community service, preferably in healthcare related organizations including but not limited to the MeSRC, attendance at the Maine Board of Respiratory Care meetings, American Lung Association, American Heart Association, COPD Foundation, American Cancer Society, American Red Cross or other medical-related organizations.
5. Student must submit the completed application form, including all required attachments, to the MeSRC as determined by the MeSRC Board of Directors (BOD). Submit the completed application form and all attached documents in one packet.
6. Student must be a non-tobacco user.
7. Content of the written essay

**NOTE:** If there are questions regarding the scholarships, the requirements, or documents required please contact Bobbie Crockett, RRT at [roberta.crockett@sjhhealth.com](mailto:roberta.crockett@sjhhealth.com) or 207-907-3178.

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**AWARD NOTIFICATION**

The selected recipient will be notified of their award by the date as determined by the BOD.

Notice of the award will be posted on the MeSRC website and announced at a MeSRC meeting to be determined.

**REVIEW/SELECTION PROCESS**

Applications will be accepted if the postmark meets the established due date, and will be forwarded to the Selection Committee for verification of criteria and completeness. The committee will submit recommendations to the MeSRC Board who at its sole discretion will select recipients of the award.

The MeSRC reserves the right to cancel, hold or refrain from making an award at any time for any reason. The MeSRC also reserves the right to provide Scholarship Awards to more than one qualified candidate.

**FUNDING**

Scholarship funding will be provided through donations and special MeSRC projects such as golf tournaments, silent auction and other MeSRC Board approved sources.

**Shelley Kates-Wilson Memorial Scholarship Application**

**Please type or print the following information:**

Have you received a previous Shelley Kates-Wilson Memorial Scholarship?

⁯YES ⁯NO

Are you a current member of the AARC/MeSRC?

Member #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Maine resident?

⁯YES ⁯NO

Will you seek employment at a Maine healthcare organization upon graduation?

⁯YES ⁯NO

If “no”, please indicate your employment plans:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                        (Last)                                          (First)                                                    (MI)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_

Date enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected completion date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree obtained\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director/Senior Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Director/Physician Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **AGREEMENT AND TERMS OF SCHOLARSHIPS**  The applicant certifies that the above statements are true and correct and are given for the purpose of obtaining theShelley Kates-Wilson Memorial Scholarship. The scholarship committee is authorized to verify the statements contained herein. All information contained in this application will be held in confidence. A photograph will be required for publicizing of scholarships.  I understand that this application and the supporting documents and attachments are the sole property of the Maine Society for Respiratory Care. Furthermore, I understand that submission of this information is only an application and in no way guarantees award of the Scholarship    Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEADLINE FOR RECEIPT OF ANNUAL APPLICATION: January 31**

**An original application and all attachments must be submitted together.**

Applications are available at: <http://www.MeSRC.org>

Mail completed application and required attachments to:

Bobbie Crockett, RRT

                                                                   St. Joseph Hospital

360 Broadway

Bangor, Maine 04401

**ALL APPLICATIONS FOR SCHOLARSHIP AWARDS MUST BE ACCOMPANIED BY THE FOLLOWING:**

• **All items requested below must be submitted in a single packet.**

**Do not send items separately**

• **Typed or word-processed forms are preferred.**

• **Incomplete packets will not be considered.**

1. An essay in which you address how you became interested in the field of Respiratory Care, what your health care career goals are and an example of a project or circumstance in which you demonstrated leadership. Essays must be typed or word-processed on 8 ½” x 11” paper and limited to 500 or fewer words.
2. Must include two completed reference forms.
   1. One reference should be from an advisor, counselor, or teacher who knows you well and is familiar with your academic ability.
   2. One reference should be from an employer, teacher, or community leader who is knowledgeable of your strengths and limitations.

**Give one of the provided reference forms and an envelope bearing your return address to each person who has agreed to provide a reference. Ask him/her to return it to you in the envelope with his/her signature across the sealed flap.**

1. Completed signed application form.
2. Letter from Director of Admissions or Program Director verifying enrollment in an accredited advanced degree program.
3. Official transcript verifying a cumulative minimum GPA of 3.0 on a 4.0 scale.  Or you must include an official transcript of grades from the last academic institution you attended. The transcript must bear the school seal and have been obtained directly from and signed by the registrar. The transcript must include all coursework completed and transfer credits accepted.

**SHELLEY KATES-WILSON MEMORIAL SCHOLARSHIP**

**MAINE SOCIETY FOR RESPIRATORY CARE**

**PERSONAL REFERENCE EVALUATION FORM**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Preparing Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s)

A.

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| --- | --- | --- | --- | --- | --- | --- |
|  | No Basis | Below Average | Average | Good | Very Good | Excellent |
| Independent Worker |  |  |  |  |  |  |
| Intellectual Ability |  |  |  |  |  |  |
| Efficient Work Habits |  |  |  |  |  |  |
| Leadership Skills |  |  |  |  |  |  |
| Problem Solving Skills |  |  |  |  |  |  |
| Teamwork Skills |  |  |  |  |  |  |
| Work Ethic |  |  |  |  |  |  |
| Concern for Others |  |  |  |  |  |  |
| Dependability |  |  |  |  |  |  |
| Eagerness to Learn |  |  |  |  |  |  |
| Integrity |  |  |  |  |  |  |
| Motivation |  |  |  |  |  |  |
| Potential for Growth |  |  |  |  |  |  |
| Self-Confidence |  |  |  |  |  |  |

B. Please provide three or more examples that support your evaluation on the back of this form.

C. If there are any special circumstances that should be considered when evaluating this applicant,

please specify on the back of this form.

Signature of reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return completed reference form to the applicant in a sealed envelope with your signature across the sealed flap.