

Kansas Respiratory Care Society

Russ Babb Memorial Scholarship

2017

**CLOSING DATE: Applications must be postmarked on or before
February 28, 2017.**

An original application and all attachments must be submitted together.

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

SUBMIT THE APPLICATION TO:

**Kansas Respiratory Care Society
520 E. Berry
Rose Hill, KS 67133**

SCHOLARSHIP INFORMATION

In alignment with the purpose of the Kansas Respiratory Care Society (KRCS), to encourage and develop, on a statewide basis, educational programs for those persons interested in the field of Respiratory Care, and to honor the work of one of our pioneering and respected colleagues, the Russ Babb Memorial Scholarship was established. The KRCS offers a \$1000.00 scholarship to be awarded annually at the state meeting, to one (1) student currently enrolled in an accredited respiratory care education program in Kansas.

SELECTION COMMITTEE: The Selection Committee will:

- Consist of three (3) active members of the KRCS. The Committee Chair will be a member of the KRCS board; the other members will be chosen by the committee chair, with president approval.
- Exclude employees of a respiratory care education program in Kansas. Employees of a clinical affiliate are not program employees and, therefore, eligible to serve.
- Review the applications and select the recipient. Committee members will base decisions on fair and unbiased terms.
- Allow voting members of the Board of Directors, excluding employees of a respiratory care education program, to have final approval of the recipient selected.

SELECTION: Selection is based on consideration of:

- Information provided in the application form
- Content of the written essay
- Verified current enrollment in an accredited respiratory care education program in Kansas
- Overall academic record

ELIGIBILITY REQUIREMENTS: To be considered, the applicant must:

- Have a cumulative grade point average of 2.5 or better on the submitted transcript(s)
- Be a student member of the AARC/KRCS
- Submit the completed application form and all attached documents in one packet postmarked on or before February 28, 2017.

Russ Babb Memorial Scholarship Committee
Kansas Respiratory Care Society
520 E. Berry
Rose Hill, KS 67133

NOTE: If there are questions regarding the scholarship, the requirements, or documents required please contact Monica Baden, KRCS CEU Evaluator at (316) 640-0999 or krcsceu@cox.net

Application Packet – Content and Organization

- All items requested below must be submitted in a single packet.
- Do not send items separately or have them sent directly by the registrar, reference writers, or others.
- Typed or word-processed forms are preferred.
- Incomplete packets or those containing reference envelopes with broken seals will not be considered.
- Organize materials in the order in which they appear on this list.

Section 1 must contain the completed and signed application form.

Section 2 must include 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.

Section 3 must include two completed reference forms.

- One reference should be from an advisor, counselor, or teacher who knows you well and is familiar with your academic ability.
- 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.

Section 4 must include verified current enrollment in an accredited respiratory care education program in Kansas. A letter of acceptance to the program from the Program Director or Admission Committee Chairperson or a copy with a cover letter from a faculty member will serve as validation.

Section 5 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. A high school transcript must show completion and the graduation date.

Scholarship Application Form
Deadline February 28, 2017

You may fill out this page on your computer screen or print it out to type in the information.

Are you a current member of the AARC/KRCS?

YES NO

Are you a Kansas resident?

YES NO

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

YES NO

If "no", please indicate your employment plans:

Personal Data

Name:

Last, First, Middle

Permanent Address:

Street or P.O. Box

City

State

Zip

Primary Phone

Current Address:

Street or P.O. Box

City

State

Zip

Primary Phone

Email Address:

List all current and previous health care experience, if any. You may attach your resume.
(400 characters max)

List all colleges/universities attended, including current. If no college work, list high school.

Name of College

Dates Attended

Degree Received

| Name of College | Dates Attended | Degree Received |
|-----------------|----------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Please indicate the school and program to which you would apply this scholarship:

Starting Date

Expected Graduation Date

Number of Credit Hours for Fall Enrollment

Extracurricular activities engaged in during high school or college (500 characters max):

Community Service and/or Volunteer Activities in which you participate (d) (500 characters max)

AGREEMENT AND TERMS OF SCHOLARSHIPS

The applicant certifies that the above statements are true and correct and given for the purpose of obtaining the Russ Babb 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 the scholarship.

Applicant's Signature

Date

**RUSS BABB MEMORIAL SCHOLARSHIP
KANSAS RESPIRATORY CARE SOCIETY**

PERSONAL REFERENCE EVALUATION FORM

Applicant's Name: _____

Person Preparing Reference: _____

Relationship to Applicant: _____

Address: _____
City State Zip Code

Phone Number(s)

A.

| | 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 a letter of recommendation with three or more examples that support your evaluation.

C. If there are any special circumstances that should be considered when evaluating this applicant, please specify in your letter of recommendation.

Signature of reference: _____ Date: _____

***Return the completed reference form and your letter of recommendation to the applicant in a sealed envelope with your signature across the sealed flap.**

**RUSS BABB MEMORIAL SCHOLARSHIP
KANSAS RESPIRATORY CARE SOCIETY**

PERSONAL REFERENCE EVALUATION FORM

Applicant's Name: _____

Person Preparing Reference: _____

Relationship to Applicant: _____

Address: _____
City
State
Zip Code

_____ Phone Number(s)

A.

| | 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 a letter of recommendation with three or more examples that support your evaluation.

C. If there are any special circumstances that should be considered when evaluating this applicant, please specify in your letter of recommendation.

Signature of reference: _____ Date: _____

***Return the completed reference form and your letter of recommendation to the applicant in a sealed envelope with your signature across the sealed flap.**