

Kansas Respiratory Care Society
Russ Babb Memorial Scholarship

2010

CLOSING DATE: Applications must be postmarked on or before July 1, 2010.
An original application and all attachments must be submitted together.

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

SUBMIT THE APPLICATION TO:

Russ Babb Scholarship Committee
Kansas Respiratory Care Society
P.O. Box 750362, Topeka, KS 66675

SCHOLARSHIP INFORMATION

In alignment with the Purpose of the KRCS as stated in: #1 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 this scholarship for individuals who have finished their first year and are continuing their education in respiratory care training. Scholarship amounts will be approximately \$500.00 and will be awarded to a varying number of applicants.

SELECTION COMMITTEE: The Selection Committee will be:

- Members of the KRCS Board, excluding any respiratory training program employees
- Clinical affiliate employees are not program employees and eligible for the committee
- Committee members will base decisions on fair and unbiased terms

SELECTION: Selection is based on consideration of:

- Information provided in the application form
- Content of the written essay
- Verified admission in the second year to an accredited Kansas Respiratory Care Program.
- Overall academic record

ELIGIBILITY REQUIREMENTS: To be considered, applicants 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 July 1, 2010, to:

Russ Babb Memorial Scholarship Selection Committee
Kansas Respiratory Care Society
PO Box 750362
Topeka, Kansas 66675

NOTE: If there are questions regarding the scholarships, the requirements, or documents required please contact David Mantz, Respiratory Care Director, Salina Regional Health Center and KRCS Director at Large at: 785-452-6761, or any KRCS Board Member.

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 validation of admission to the second year of an accredited Kansas respiratory Care Program. A letter of acceptance to the program major from the Department Chair 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 July 1, 2010

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

Have you received a previous Russ Babb Memorial Scholarship?

YES NO

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

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 are 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 of scholarships.

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 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.**

