

**Kansas Respiratory Care Society**  
**Russ Babb Memorial Scholarship**

**2024**

**CLOSING DATE: Applications must be postmarked on or before**  
**March 1, 2024.**  
**An original application and all attachments must be submitted together.**

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

SUBMIT THE APPLICATION TO:

[krcsceu@cox.net](mailto:krcsceu@cox.net)

or

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 scholarship to be awarded annually at the state meeting, to worthy student(s) currently enrolled in an accredited respiratory care education program in Kansas. The 2024 scholarship amount has yet to be determined but will be between \$250.00 and \$750.00. The amount will be based on the number of total applicants and the number of scholarships awarded.

**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.
- The KRCS President will have final approval of the committee's selection.

**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
- Reference Evaluation

**ELIGIBILITY REQUIREMENTS:** To be considered, the applicant must:

- Have a cumulative grade point average of 2.5 or better on the submitted transcript(s)
- **Must** be a student member of the AARC & KRCS
- Submit the completed application form and all attached documents in one packet postmarked or emailed to [krcsceu@cox.net](mailto:krcsceu@cox.net) on or before March 1, 2024.

Russ Babb Memorial Scholarship Committee  
Kansas Respiratory Care Society  
520 E. Berry Ave.  
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](mailto:krcsceu@cox.net)

## Application Packet – Content and Organization

- All items requested below must be submitted in a single packet, in PDF Form.
- Typed forms are preferred.
- Incomplete packets 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 in an appropriate format. (PDF or Word ) and limited to 500 or fewer words.

**Section 3** 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 4** must include a transcript of grades from the last academic institution you attended. The transcript must include the grades from Fall 2023. The transcript must include all coursework completed and transfer credits accepted. A high school transcript must show completion and the graduation date.

**Section 5** is to be sent separately by your RT Program Director, or Teacher,

- One reference form, and letter from the program director or teacher, who knows you well and is familiar with your academic ability.

**Give the provided reference form to your program director or teacher, and have them return it, along with their letter of recommendation, directly to [krcsceu@cox.net](mailto:krcsceu@cox.net) before March 1st.**

**Scholarship Application Form**  
**Deadline March 1**

***Please type.***

Are you a current member of the AARC/KRCS? (Membership is a requirement)

YES AARC # \_\_\_\_\_  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:

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**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:**

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**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)**

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### **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.

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Applicant's Signature

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Date

