

Clark McInroy Outstanding Student Scholarship

WSRC EDUCATIONAL ASSISTANCE PROGRAM

GUIDELINES

The WSRC Board of Directors has formally approved an Educational Assistance Program funded by Clark McInroy. We believe Clark is an outstanding therapist and has been an asset to our organization and to our profession. The program is designed to provide financial assistance to those students who wish to continue their education in the field of Respiratory Care.

Clark McInroy and the WSRC has made available \$500 for educational assistance this fiscal year. 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, 2015**. The recipient(s) of this money will be announced after the next regularly scheduled Board of Directors meeting.

Return application forms to:

Mary Peterson

WSRC Treasurer

627 Creighton St

Cheyenne, WY 82009

Work: 307-756-2269

Home: 307-756-2269

Clark McInroy Outstanding Student Scholarship
WYOMING SOCIETY FOR RESPIRATORY CARE
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. **Form must be filled out completely or it will be discarded.**

NAME _____

LAST FIRST MIDDLE

STUDENT AARC NUMBER _____

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?

Thank you for your application.

WSRC Board of Directors