

# JIM PAWOL MEMORIAL SCHOLARSHIP FUND

## WSRC EDUCATIONAL ASSISTANCE PROGRAM

### GUIDELINES

The WSRC Board of Directors has formally approved an Educational Assistance Program in memory of Jim Pawol. The program is designed to provide financial assistance to those students who wish to continue their education in the field of Respiratory Care.

1The WSRC has made available \$500 for educational assistance this fiscal year (2005-2006). 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.

2Eligibility 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.

3Application, 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.

4Return application forms to:

5Mary Peterson

6WSRC Treasurer

7627 Creighton St

8Cheyenne, WY 82009

9Work: 307-756-2269

10Home: 307-756-2269

**WYOMING SOCIETY FOR RESPIRATORY CARE**  
**JIM PAWOL MEMORIAL SCHOLARSHIP FUND**  
**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.**

11NAME\_\_\_\_\_

—

12LAST FIRST MIDDLE

13STUDENT AARC NUMBER\_\_\_\_\_

14ADDRESS\_\_\_\_\_

—

15ST./P.O. Box CITY STATE ZIP CODE

16HOME PHONE\_\_\_\_\_WORK  
PHONE\_\_\_\_\_

17CURRENT PLACE OF  
EMPLOYMENT\_\_\_\_\_

18JOB TITLE\_\_\_\_\_CURRENT ANNUAL FAMILY  
INCOME\_\_\_\_\_

(Please attach extra sheets, if additional space is required for the questions below.)

19

DESCRIBE THE PROGRAM OF STUDY WHICH YOU INTEND TO PURSUE

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22WHAT IS THE AMOUNT OF FINANCIAL ASSISTANCE BEING REQUESTED?

(List other sources of financial aid available, if any.)

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WHAT ARE YOUR REASONS FOR APPLYING FOR FINANCIAL ASSISTANCE?

1 \_\_\_\_\_

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3 PLEASE PROVIDE A SUMMARY OF YOUR EDUCATIONAL BACKGROUND.

4 (Please attach a copy of your college transcript, if applicable.)

5 \_\_\_\_\_

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7 WHAT ARE YOUR PLANS AFTER GRADUATION?

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9 \_\_\_\_\_

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