



2023 HSRC Respiratory Care Student Scholarship Award Application

Name: _____ Degrees/Credentials: _____
Print Full Name

Contact #s: Cell: _____ Home: _____ E-mail: _____

Please answer the following questions:

Are you currently enrolled in your second year of study in RT at KCC? YES NO

What is your GPA (for core respiratory courses from your last semester)? _____

What is your cumulative GPA from your last semester? _____

What is your AARC membership number? _____

Who are the 2 preceptors familiar with your work & will be completing your performance evaluations?

1. _____ Worksite: _____ E-mail: _____

2. _____ Worksite: _____ E-mail: _____

What is the organization and who is the supervisor who will be completing your community service form?

Organization: _____ Supervisor: _____ E-mail: _____

Please sign to acknowledge that all the information you have provided above is current & correct.

Applicant's signature

Date

Please send your signed **Application form** & **GPA information** (KCC transcript) to rshimabukuro@islandsnr.com Or mail in your completed forms and supporting documentation to: HSRC Attn: Student Scholarship. PO Box 283166, Honolulu, HI 96828. **The information must be postmarked on or before September 15, 2023.**

Please be aware that the HSRC BOD will handle the information you and your preceptors provide in confidence. Aloha and Best Wishes!