WSRC Respiratory Therapy ASRT Student Scholarship

The Wisconsin Society for Respiratory Care's board of directors would like to invest in the future of the profession by awarding an individual scholarship to a student currently enrolled in a CoARC accredited associate degree respiratory therapy program in the state of Wisconsin. The award will be based on application. **WSRC will offer an annual scholarship amounting in no more than \$1000, and no less than \$100 as determined by the board of directors.** Scholarship award amount is dependent on qualifying documentation and annual WSRC available scholarship funds.

Criteria for scholarship is as follows:

- Current enrollment in a CoARC accredited Wisconsin associate degree respiratory therapy program.
- Current student AARC membership
- Student maintains a current GPA of at least 3.5
- Student participates in volunteer activities within the community within 12 months prior to application

Scholarship Award Process:

- An application form and supporting material must be completed and submitted to the Education Co-Chairs via email education@wsrc.online subject line: ASRT Scholarship
- Scholarship form and required documentation must be submitted On March 17th, 2025.
- The Education Chair/Co-Chairs will determine the awardee for the scholarship.
- The Education Chair/Co-Chairs will submit their decisions and findings to the WSRC Board of Directors & Budget and Audit Committee for final vote on both awardee and award amount.
- The award will be presented to the student at the 2025 NRRCC.

Important Dates:	SSDiratol A
	3/17/25 Application Submission Due
	4/21/25 Award Announcement
	5/5/25 Award Issue at NRRCC

Submit completed form & supporting material via email to education@wsrc.online Subject line: ASRT Scholarship

Created: 2/17/2020 Created By: WSRC Education Co-Chairs Revised: 2/7/2025

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Date of Application:	
Applicant Name:	
College Name:	
AARC Student Membership Number:	

Attached Documents:

- Lead Faculty Letter
 - The student must submit a signed and dated letter on official school letterhead from either the Program Director or Director of Clinical Education verifying the following:
 - 1. The student is currently enrolled and is in good academic standing
 - 2. The student's current cumulative GPA
- Volunteer Verification one of the following:
 - Submit a signed and dated letter from the organization describing the role of the student's volunteer work including dates. This letter must include organization contact information for verification purposes.
 - Email/certificate confirmation of participation including date and organization letterhead/logo. This letter must include organization contact information for verification purposes.



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Volunteer Verification Form

Directions: Please complete categories with best of knowledge. If a contact person is unable to sign, verification will be performed via phone or email.

*Date of volu	nteer service:	
*Amount of t	ime volunteered	(hours):
*Name of Org	ganization:	
*Organizatio	n Contact persor	n to verify services
Name	:	
Phone	:	
Email:		
I verify		volunteered for the date and time listed above.
· ,	Volunteer Name	
Signature:		Date:
	Organization Contac	t Name

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