**Morris Opp Memorial Scholarship**

**Application Checklist**

\_\_\_\_\_Completed application form (including current transcript)

\_\_\_\_\_Two personal references

One reference must be from an instructor or Respiratory Care Practitioner who has

worked with you in a patient care setting.

\_\_\_\_\_ A copy of your current AARC membership card

\_\_\_\_\_ Personal ambitions and goals

Using up to ONE single‐spaced type written page, discuss;

a.) Your initial reason(s) for pursuing a career in Respiratory Care

b.) Aspects of the Respiratory Care profession that appeal to you

c.) Your career goals

**The above must all be COMPLETE and postmarked no later than March 1st.**

**Applications and above information should be sent to:**

**Erin Dionne email,**  edionne102@gmail.com