The MetroHealth System and Department of Respiratory Therapy Present:

“Student Scholarship for Academic Advancement in Respiratory Therapy”

**2025-2026 Academic Year**

1. DEADLINE for scholarship completed applications is January 31, 2025
2. Please submit completed applications, essays, and letters of reference to RTscholarship@metrohealth.org
3. Refer to the criteria below for eligibility requirements. Refer to the application process below for a list of the supporting documents needed (i.e. references, transcripts, etc.) Incomplete applications may not be considered.
4. Type or print legibly. Illegible applications may remove you from consideration.
5. You will be notified by February 28, 2025 regarding the status of your application and information regarding next steps.
6. If you have any questions about the application process, please send an email to: RTscholarship@metrohealth.org

***Purpose:*** MetroHealth is interested in investing in the future of our community by offering scholarships to local students to advance Respiratory Therapy Services at MetroHealth.

***Award Components:*** This year, up to five [5] scholarship recipients will be selected, each of whom will receive up to a $15,000 one-time scholarship that will assist with the completion of the final year of Respiratory Therapy school. Recipients will be expected to commit to working for The MetroHealth System for a period of 24 months from hire date. Upon scholarship award, a formal agreement will be reviewed and signed.

***Award Criteria:***

1. Applicant must be a registered student and have completed (or in the process of completing) year 1 of a CoARC Accredited Respiratory Therapy Program.
2. Applicant must have a cumulative GPA of 2.5 or better on a 4.0 scale.
3. Applicant must be eligible to work in the U.S.
4. Successful completion of the application process.

***Application Process:***

Applicant must submit the following items:

1. Completed application form.
2. Three letters of recommendation, one from each bullet below. Your references should email the letters to RTscholarship@metrohealth.org and put your name in the subject line.
* Professional or Academic (ability to speak about professional skills and abilities; examples ‒ direct manager, supervisor, professor, teacher, etc.)
* Clinical Instructor (ability to speak about skills, drive, work ethic, attitude)
* Personal (ability to speak about personal values; examples ‒ colleague, mentor, advisor, friend, etc.)
1. A copy of their most recent transcript with cumulative grade point average.
2. Personal Essay. Please answer the following questions using the enclosed essay form (page 6) in your essay.
	* What sparked your interest in starting your career in Respiratory Therapy?
	* Explain why The MetroHealth System would be a good fit for you.
3. Applicant must agree to a personal interview with the selection committee upon completion of the application.

***Deadline*** for the application isJanuary 31, 2025. Applications received after this date may not be considered.

***Announcement of Scholarship Recipients:*** Scholarship Recipients will be notified by phone on or by February 28, 2025

***Special Provisions:*** Scholarship funds will be issued directly to the recipient’s school and may not be used to pay back college loans of any kind. The scholarship will be divided into semester payments. The scholarship recipient will be responsible for any applicable taxes.

The MetroHealth System and Department of Respiratory Therapy Present:

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**2024-2025 Academic Year**

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| --- |
| Please type or print your answers clearly. If typing, you need to use cursor to skip to next field.  |
| 1. | Last Name:        | First Name:       |
| 2. | Email Address:       |
| 3. | Mailing Address: Street:      City:       State:       Zip:       |
| 4. | Daytime Phone Number:       ()       |
| 5. | I certify that I am a United States Citizen (select one). Yes [ ]  No [ ]  |
| 6. | Current School Enrolled (must be CoARC Accredited):      **Select one of the following:**I will continue attending this school until graduation: [ ] Expected Program Completion (month/year):      My plans have changed and I will be transferring: [ ] Institution:  | Current Year (select one)**1st year**Semester 1 [ ]  Semester 2 [ ] **2nd year**Semester 1 [ ]  Semester 2 [ ]  |
| 7. | What is your Major/Degree?       |
| 8. | Cumulative Grade Point Average (GPA):       (on a 4.0 scale) |
| 9. | Name & Address of parent(s) or legal guardian(s):Name:       Phone: (     )      Street:      City:       State:       Zip:       |
|  | List other financial assistance you will receive per semester:  |
|  | A. | Personal: |
|  | B. | Other Scholarship (s):  |
|  | C. | Student Loan(s): |
| If “Other Scholarship(s)” was selected, please explain the amount and who awarded:       | D. | Other Financial Resources: |
| 10. List your academic honors, awards, and membership activities from high school or college:       |
| 11. | List your community service activities, hobbies, outside interests, and extracurricular activities:       |
| 12. | Personal Essay (See Page 6) |
| **Checklist*** The following items must be submitted with the application to qualify for review.
* Your application may not be considered if the items are not submitted by the application deadline.

Check Yes or No to be sure you have each item required.  |
|  | Yes [ ]  No [ ]  | **Completed, signed application (this form)** |
|  | Yes [ ]  No [ ]  | **Three References** |
|  | Yes [ ]  No [ ]  | **A copy of your most recent transcript with cumulative GPA** |
|  | Yes [ ]  No [ ]  | **Required Signatures** |

**STATEMENT OF ACCURACY**

I hereby affirm that all the above stated information provided by me (pages 1-4 on this Scholarship application) is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote this scholarship program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the above listed school before my scholarship funds will be awarded.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF INSTITUTION ADMINISTRATOR**

Respiratory Therapy Program Director

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: This form will need printed, signed and submitted separately.

ESSAY

(600 word limit)

* + What sparked your interest in starting your career in Respiratory Therapy?
	+ Explain why The MetroHealth System would be a good fit for you.

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