

2019 Application ARC/STSA Student Scholarship

An ARC/STSA community outreach program supporting educational advancement for students in the professions of surgical technology and surgical assisting

The Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA) is committed to advancing surgical technology and surgical assisting education for individuals entering and working within the professions.

This ARC/STSA Scholarship Program is designed to assist AST or ASA student members pursuing their education in CAAHEP accredited surgical technology or surgical assisting programs. Up to 10 scholarships of \$500 will be awarded annually.

Eligibility Requirements

1. Completed, signed, and dated application received by the due date specified below.
2. Proof of attendance at an ARC/STSA (CAAHEP-accredited) surgical technology or surgical assisting program.
3. Proof of student membership in AST (www.ast.org) or ASA (www.surgicalassistant.org).
4. Institutional transcript verifying a cumulative GPA of 3.0 or greater (on a 4.0 scale), or an equivalent scale acceptable to the ARC/STSA.
5. Submission of an original essay (minimum 1,200 to maximum 1,500 words) describing how this award will assist you in reaching your educational objectives and the ultimate goal of being an entry-level surgical technology or surgical assisting practitioner.
6. Letter of recommendation from your program director evaluating your potential for a career in the profession of surgical technology or surgical assisting and verifying your GPA.

NOTE: Scholarship applications will not be considered unless completely filled out, signed and accompanied by all appropriate supporting documentation.

Application must be *received* at the ARC/STSA office on or before Monday, February 25, 2019.

Email or mail the completed application with supporting materials to:

ARC/STSA at info@arcstsa.org

Attn: Student Scholarship

6 West Dry Creek Circle, Suite 110

Littleton, Colorado 80120

2019 ARC/STSA Student Scholarship Application

First Name	Last Name	MI
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AST or ASA Member #

Address

City	State	ZIP/Postal Code
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Home Phone	Mobile Phone
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Email Address	Last 4 digits of SS#
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School/Name

Program (check one) Surgical Technology or Surgical Assisting

School City	School State	School ZIP/Postal Code
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Date Enrolled	Expected Completion Date
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Program Director

Program Phone

I certify that I have completed this application and that it is true, correct, and complete to the best of my knowledge and belief. I further certify that I am the sole author of the essay submitted for consideration. I hereby authorize the release of all information contained in this application packet, as may be required to determine my eligibility for a scholarship. I hereby waive my rights to review any and all documents pertaining to my scholarship application once submitted for consideration.

Signature	Date
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Scholarship recipients will be announced at the AST National Conference and will be posted online at arcstsa.org by June 30, 2019. Each scholarship recipient will be notified and required to submit a photograph, biography, and release for publication authorization of the award announcement prior to distribution of the actual monetary award.