Supporting Educational Advancement for Students and Educators in the Profession of Surgical Technology and Surgical Assisting

Accreditation Review Council on Education in Surgical Technology and Surgical Assisting

2014 Application

Student Scholarship

An ARC/STSA® program administered in service to surgical technology and surgical assisting students.
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. At least one scholarship of up to $1000 will be awarded annually.

**ARC/STSA® Student Scholarship**

Eligibility Requirements:

1. Completed, signed and dated application received by the *due date* specified below.
2. Proof of attendance at a CAAHEP accredited surgical technology or surgical assisting program.
3. Proof of student membership in AST (www.ast.org) or ASA (www.surgicalassistant.org).
4. Official 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.

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 28, 2014.*

*Send the completed application with supporting materials to:*

ARC/STSA

*Attn: Student Scholarship*

6 West Dry Creek Circle, Suite 110

Littleton, Colorado 80120
2014 ARC/STSA Student Scholarship Application

Name: ______________________________________________________________
        (Last)    (First)    (MI)
AST or ASA Member # _________________________________________________
Address:  ____________________________________________________________
City:    _____________________ State: _____________________ Zip: __________
Home Phone:  _____________________ Fax or Cell: _________________________
E-Mail: _________________________________ Last 4 digits of SS#:  ___________
School Name: _______________________________________________________
Program - check one:  □ Surgical Technology   □ Surgical Assisting
City: _____________________________ State: _____________________________
Date Enrolled: __________________ Expected Completion Date:  ______________
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: ________________________

Scholarship recipients will be announced at the AST National Conference and will be posted
online at www.arcstsa.org by June 16, 2014. Each scholarship recipient will be required to
submit a photograph, bio and release for publication of the award announcement prior to
distribution of the actual award.