Accreditation Review Council on Education in Surgical Technology and Surgical Assisting

ARC/STSA

CELEBRATING **40** YEARS 1972-2012

2012 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 <u>or</u> 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 <u>or</u> surgical assisting practitioner.
6. Letter of recommendation from your program director evaluating your potential for a career in the profession of surgical technology <u>or</u> surgical assisting.

Scholarship applications will *not* be considered unless completely filled out, signed, and accompanied by all appropriate supporting documentation. ***Application must be <u>received</u> at the ARC/STSA office on or before Monday, February 27, 2012.***

Send the completed application with supporting materials to:

ARC/STSA
***Attn:* Student Scholarship**
6 West Dry Creek Circle, Suite 110
Littleton, Colorado 80120

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 15, 2012. 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.*