EIGHT & FORTY
LUNG AND RESPIRATORY DISEASE SCHOLARSHIP FUND

Directions for Completing Scholarship Application

We are pleased to send you the application you requested to assist you further with your education for a position in Lung and Respiratory Disease Prevention and Treatment Nursing or a Respiratory Therapist. The following forms are attached.

THE APPLICATION

Please type or print clearly with black ink. Answer all of the questions. If you need additional space to answer a question, please clearly label the information and attach it to the application.

THREE FORMS OF REFERENCE

These forms are to be sent to the individuals you have listed in the application for reference. Complete Section I of these forms before forwarding to your references. Recommended references include:

* Supervisors, co-workers, or multi-disciplinary team members.
* Recent employers.
* A faculty member of the school from which you attended or graduated.

If the above-recommended references are not available, you may list anyone who can attest to your character and integrity. It is strongly suggested that a reference alternate be selected from one of your current or recent instructors. If you were an Eight & Forty Scholarship winner from the previous year, you are only required to submit one reference.

TRANSCRIPTS

Attach your transcripts from your School of Nursing or Allied Health and transcripts of all other college university credits to your application. You may have these sent directly to the address below.

APPLICATION DEADLINE

Applications must be postmarked no later than May 15, 2019 to be considered. Send completed application, transcripts, and supporting documentation to:

Salon National
Nursing & Respiratory Therapist Scholarship
PO Box 1108
Lake Dallas, Texas 75065-1108

ANNOUNCEMENT OF AWARDS

Announcement of awards will be made on July 1, 2018. All applicants will be notified in writing.

Your prompt and careful attention to directions for completing your application will facilitate the Selection Committee’s review and action. Please keep us informed of your current address.
SCHOLARSHIP APPLICATION
EIGHT & FORTY LUNG AND RESPIRATORY DISEASE SCHOLARSHIP FUND
SCHOOL YEAR 2019

Please type or print in black ink.

Name of Applicant: Mr. Mrs. Ms. (circle one)

Date of Birth: ___________ Age ___________ Are you a U.S. Citizen? Yes □ No □

Address: ___________________________ City/State/Zip: ___________________________

Phone: ( ) ______________ Email: ___________________________

Year of initial medical licensure: ______________ Present health status: ___________________________

Year in which you completed or anticipate completing the following degrees:
Associate: ___________ Bachelor: ___________ Master: ___________ Doctorate: ___________

List three people you will be using for references.

Name: ___________________________ Title: ___________________________

Name: ___________________________ Title: ___________________________

Name: ___________________________ Title: ___________________________

List educational institutions attended beginning with the most current.

Institution: ___________________________ Dates Attended: ___________________________

Degree/ Diploma: ___________________________ Major/ Concentration: ___________________________

Institution: ___________________________ Dates Attended: ___________________________

Degree/ Diploma: ___________________________ Major/ Concentration: ___________________________

Institution: ___________________________ Dates Attended: ___________________________

Degree/ Diploma: ___________________________ Major/ Concentration: ___________________________

Institution: ___________________________ Dates Attended: ___________________________

Degree/ Diploma: ___________________________ Major/ Concentration: ___________________________

Institution: ___________________________ Dates Attended: ___________________________

Degree/ Diploma: ___________________________ Major/ Concentration: ___________________________
Name of Applicant: ____________________________

List all professional positions held beginning with the most current.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

List professional and civic organizations in which you have been active and any offices held.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What field of medicine do you want to specialize in?

________________________________________________________________________

Have you or will you be applying for other scholarships, assistantship, and/or fellowships? Yes ☐ No ☐

If you answered “yes,” please explain: ____________________________________________

________________________________________________________________________

How many months do you anticipate you will be in school and unable to work fulltime? ___________
Outline your proposed program of study and plans for your future professional career.
Include items such as the following:

- What are your career goals? How are your goals related to your past education and experience?
- How will your proposed program prepare you to make a more effective contribution?
- Upon what criteria have you based your program and university selection?
- For what position are you preparing? (This is a critical question and will be used as a major factor in evaluating your application.)
- Total number of credit hours needed to complete your degree.

Provide any information in which you wish the Selection Committee to have that is not included in this application. Examples: personal interests, major projects, professional development, etc.

List the number of dependents you currently have: ______________
Total Monthly Net Income: $ ______________ Total Monthly Needs: $ ______________
What is the cost per credit hour at the school you will be attending? ______________

General state of financial need:
COMPLETE EACH OF THE FOLLOWING STEPS BEFORE RETURNING YOUR APPLICATION.

- Attach School of Nursing transcripts and transcripts of all other colleges or universities attended. You may have transcripts sent directly to the address below.
- Attach all supporting documents that you wish to be considered.
- You should discuss your plan of study with an advisor who is aware of current trends in nursing practice and university offerings and requirements.
- An advisor’s endorsement is required.
- Carefully read and sign the “Applicant’s Statement of Understanding.”
- Forward completed application and supporting documents to:

  Salon National  
  Nursing and Respiratory Therapist Scholarship  
  PO Box 1108  
  Lake Dallas, Texas 75065-1108

APPLICATIONS MUST BE POSTMARKED NO LATER THAN MAY 15, 2019

ADVISOR’S ENDORSEMENT

I have read and endorse this application and accompanying documentation. I believe that this candidate is eligible for the Eight & Forty Lung and Respiratory Disease Scholarship Award.

Name and Title: ________________________________

Address: ____________________________________

____________________________________________

Signature of Advisor Date

APPLICANT’S STATEMENT OF UNDERSTANDING

I understand that if I am granted an award, I am obligated to work on the completion of my education to secure a position with direct relationship to Lung and Respiratory Disease. Furthermore, I understand that I am responsible to notify Salon National if, for any reason, I am unable to complete a quarter or semester.

Signature of Applicant Date
EIGHT & FORTY
LUNG AND RESPIRATORY DISEASE NURSING & RESPIRATORY THERAPIST
SCHOLARSHIP FUND

PERSONAL OR PROFESSIONAL REFERENCE FORM

Section I (to be completed by the Applicant – please type or print)

_____________________________________ is applying for an

(Full Name)

Eight & Forty Lung and Respiratory Disease Scholarship Award. These educational funds are sought
to assist the applicant in completing ___________________________________________

(Degree, major, and/ or program)

at _______________________________________,

(College or University) (City, State)

Section II

To individuals serving as a Personal or Professional Reference:

Your cooperation is requested in the interest of the applicant listed above. Please complete the reverse side of
this form and return postmarked no later than May 15, 2019. Forms received postmarked after this date will not
be considered. Return to:

Salon National
Nursing & Respiratory Therapist Scholarship
PO Box 1108
Lake Dallas, Texas 75065-1108

The Eight & Forty appreciates any pertinent information that would be helpful in appraising the suitability of
the Applicant for a Lung and Respiratory Disease Scholarship. Your opinion regarding the character, integrity,
personality, and the potential for advanced study and career success in the field which preparation is desired,
will help the Eight & Forty in accessing the Applicant’s qualifications for a scholarship. The scholarship is
extremely competitive and is awarded based on need and worthiness. Please make clear and careful distinctions
between strong and weak characteristics of the Applicant and rank each one in relation to other nurses you have
known who have had comparable educational opportunities and experiences.

Please return form no later than May 15, 2019
**Section III** (to be completed by the Reference – please type or print)

Name of Applicant: ____________________________________________________________

Rate those traits that apply and of which you have knowledge.

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<th>Top 2%</th>
<th>Top 10%</th>
<th>Top 25%</th>
<th>Upper 50%</th>
<th>Lower 50%</th>
<th>No Judgment</th>
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<tbody>
<tr>
<td>Ability to express self orally</td>
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<td>Ability to work effectively with others</td>
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<td>Emotional maturity</td>
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<td>Intellectual ability</td>
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<td>Interest in nursing or respiratory therapy</td>
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<td>Interest in pediatric lung diseases</td>
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<td>Leadership qualities</td>
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<td>Professional knowledge</td>
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<td>Promise as a teacher</td>
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<td>Promise as an administrator</td>
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How long have you know the applicant? _______ years  In what capacity? __________________________________________________________

Additional comments  __________________________________________________________

  __________________________________________________________
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

Name of Personal/ Professional Reference: _______________________________________

Address: __________________________________________________________

Signature: ___________________________ Date: ______________

Please return form no later than May 15, 2019