

**EIGHT & FORTY  
LUNG AND RESPIRATORY DISEASE SCHOLARSHIP FUND**

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**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, 2022** 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, 2022. 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 2022

*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: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**List all professional positions held beginning with the most current.**

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

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**What field of medicine do you want to specialize in?**

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

*If you answered "yes," please explain:* \_\_\_\_\_

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**How many months do you anticipate you will be in school and unable to work fulltime? \_\_\_\_\_**



Name of Applicant: \_\_\_\_\_

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**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, 2022**

**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, 2022**. 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, 2022**

**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.

	Top 2%	Top 10%	Top 25%	Upper 50%	Lower 50%	No Judgment
Ability to express self orally						
Ability to work effectively with others						
Emotional maturity						
Intellectual ability						
Interest in nursing or respiratory therapy						
Interest in pediatric lung diseases						
Leadership qualities						
Professional knowledge						
Promise as a teacher						
Promise as an administrator						

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, 2022**