

# Morris Opp Memorial Scholarship

## Application Checklist

\_\_\_\_\_ Completed application form (including current transcript)

\_\_\_\_\_ Two personal references

One reference must be from an instructor or Respiratory Care Practitioner who has worked with you in a patient care setting.

\_\_\_\_\_ A copy of your current AARC membership card

\_\_\_\_\_ Personal ambitions and goals

Using up to ONE single-spaced type written page, discuss;

- a.) Your initial reason(s) for pursuing a career in Respiratory Care
- b.) Aspects of the Respiratory Care profession that appeal to you
- c.) Your career goals

**The above must all be COMPLETE and postmarked no later than March 1st.**

**Applications and above information should be sent to:**

**Dawn Aberle**

**5233 18<sup>th</sup> St. N**

**Moorhead, MN 56560**