



Gayle Ann Traver Pulmonary **SCHOLARSHIP APPLICATION**

Must be received by July 10, 2020

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

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**APPLICANTS MUST HAVE BEEN ACCEPTED INTO A MASTERS OR DOCTORATE NURSING OR RESPIRATORY
THERAPY PROGRAM AND HAVE A CUMMULATIVE GPA OF 3.25 OR HIGHER.**
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PROGRAM OF STUDY

Institution: _____

Major Area of Study: _____

Clinical Area (Specialization): _____

Date Program was Started: _____ Date Program will be Completed: _____

NOTE: This application will not be considered if any of the following items are missing.

- 1. CURRENT CURRICULUM VITAE or RESUME – Attachment A
- 2. TRANSCRIPTS OF UNDERGRADUATE WORK COMPLETED – Attachment B
- 3. FINANCIAL STATEMENT:

A. INCOME: Please list all incomes available to you during your course of study.

- Gross income from employment per calendar year \$ _____
- Interest income per calendar year \$ _____
- Income from spouse, family or significant other per calendar year \$ _____
- Grant, loan and/or scholarship income per calendar year \$ _____

Please list below any other sources of income:

TOTAL INCOME \$ _____

B. NUMBER OF DEPENDENTS: _____

C. EXPENSES: Please list all expenses on a monthly basis.

MONTHLY PAYMENT

- Rent or House Payment \$ _____
- List all Credit Card and/or Installment Payments
(account name and monthly payment amount)
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
- Other Living Expenses (meals, transportation, utilities) \$ _____
- Tuition (per month on the average) \$ _____
- Books (per month on the average) \$ _____
- Office Supplies & Photocopying (educational requirements) \$ _____

TOTAL MONTHLY EXPENSES \$ _____

4. BRIEFLY DESCRIBE NEED FOR SCHOLARSHIP *(500 words or less)*

5. REFERENCES – Attachment C, Attachment D, Attachment E

Provide three written letters of reference – one from a faculty member or dean and two from employers or colleagues. List names, addresses and phone numbers for the attached references.

A. Name: _____

Title: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

B. Name: _____

Title: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

C. Name: _____

Title: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

6. GOALS

A. PROFESSIONAL OBJECTIVES:

Please be specific about short term and long term career goals in the field of pulmonary nursing or respiratory therapy after you graduate. What is your experience to date and how did this experience affect your short and long-term goals? Explain how the academic preparations you are pursuing will prepare you to meet these stated goals.

B. Please explain how you believe that you could influence pulmonary health.

7. ACADEMIC PLAN

A. Please list total number of credits in program and estimated length of time required to complete this program with present financing. Please indicate if you have already earned credits and if so, how many? Indicate research requirement, if appropriate.

B. Please describe the changes in the time frame above if scholarship is awarded.

8. PLEASE DESCRIBE YOUR BELIEFS & VALUES ABOUT PULMONARY HEALTH:

SUBMITTING APPLICATIONS

MAIL TO: Gayle Ann Traver Pulmonary Scholarship Fund
c/o American Lung Association
Attn: Michelle Caul
45 Ash Street
East Hartford, CT 06108

OR

EMAIL TO: Michelle.Caul@Lung.org

INCLUDE IN YOUR PACKET ALL REQUIRED REFERENCES, TRANSCRIPTS AND PAPERS.

If you have questions, contact:

American Lung Association
Michelle.Caul@Lung.org or 860-838-4370

ALL GRANTS ARE AWARDED BASED UPON AVAILABLE FUNDS