



2003-2004 Foundation for Surgical Technology Scholarship Application

*(Applications must be mailed by instructor. Students must provide
instructor with stamped, preaddressed envelope).*

- Purpose
The purpose of the scholarship is to encourage and reward educational excellence and financial need demonstrated by the surgical technology student and offer assistance to those who seek a career in surgical technology.
- Selection Process
 1. Selection is based on academic excellence and financial need combined. Applicants must be selected by an appropriate group at a CAAHEP accredited sponsoring institution.
 2. Scholarships are awarded based on the information provided on the application and the transcript. Applicant must provide official course fee schedule from the educational institution for the courses they are taking, in addition to official transcripts and a mentor report.
- Eligibility Requirements
 1. Applicants must be currently enrolled in a surgical technology program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).
 2. Applicants must demonstrate superior academic ability.
 3. Applicants must have a need for financial assistance.

ALL APPLICATIONS MUST BE POSTMARKED BY APRIL 1, 2004.

- Application Process
 1. A complete application consists of four parts:
Part 1: Student Responsibility: Fill out sections 1-7 and return the forms to your instructor with a stamped envelope.

Part 2: Official Transcript: ONLY official transcripts will be accepted.

Part 3: Instructor Section: Sections 1-7 to be completed by instructor.

Part 4: Mentor Section: To be completed by individual, related, in health care field.

Please make sure that all four parts of the application are complete.

2. Mail applications in the stamped envelope provided by the student to the attention of Scholarship, The Foundation for Surgical Technology, 7108-C South Alton Way, Centennial, CO 80112.
3. Incomplete or late applications will not be accepted and will not be returned.
4. Applications must be completed and turned in to instructor. Students must provide a stamped envelope.

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Amount Awarded

Scholarships will be awarded with the amount determined by the Board of Directors of the Foundation for Surgical Technology on the basis of merit and financial need. Scholarship winners and their institutions will be notified directly after conference. The names of the winners are also published in the official AST Journal and on the Foundation website.

Funding

Scholarship funds are provided entirely through contributions to the Foundation for Surgical Technology by individuals, AST constituent divisions, corporations and others who desire to support the scholarship program of the Foundation. Contributions will be recognized in the AST Journal and the Foundation website. Winners will be required to provide a photograph, background information as well as professional goals.

Foundation for Surgical Technology
Scholarship Application

Part 1: STUDENT SECTION

To be completed by student. Please print or type.

Last Name First Middle M/F Date

Street Address City State ZIP

Phone Number () E-mail address

Name of CAAHEP Accredited Surgical Technology Program

Street Address City State ZIP

Phone Number () E-mail address

1. Why do you want to become a surgical technologist? Describe your background and explain your career goals.
2. Please fill in your grade point average (GPA) _____
3. Do you feel that your grades are a true reflection of your ability? If not, what prevented you from doing better?
4. List the three academic subjects you found most interesting.
5. List school activities in which you have participated.
6. List the awards you have received for school or extracurricular activities.
7. Explain why you are applying for this award and include reasons such as financial need, merit etc.

STUDENT RESPONSIBILITY

PART 2: OFFICIAL TRANSCRIPT AND COURSE FEE SCHEDULE

Please include a copy of the official transcript and an official fee schedule for the courses you are taking. If the transcript is being mailed separately by your program, please verify with your institution that the transcript was mailed before the deadline date of April 1,

2004. Without an official transcript and course fee schedule, the application will be incomplete, therefore it will be ineligible.

PART 3: INSTRUCTOR'S SECTION

To be completed by the program instructor or designee. Please print or type.

- | | | | | |
|------------------------|-------|--------|--|--|
| Last name of applicant | First | Middle | | |
|------------------------|-------|--------|--|--|
-
1. Has the student's attendance record been entirely satisfactory? Yes No
If no, please explain.

 2. How would you assess the student's conduct?

 3. In your opinion, has the student been working at an optimal level: Yes No
If not, please explain.

 4. Please rate the applicant on each of the following characteristics

	Excellent	Good	Average	Poor
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Cooperation
Emotional control
Participation in class
Personal appearance, manners
Reliability
Relationship with others

 5. Is the student's attendance in the surgical technology program dependent upon financial assistance?

 6. Briefly provide any additional information regarding this candidate that you feel should be considered.

Instructor's Signature

Date

Instructor's Name (Please print)

PART 4: MENTOR'S SECTION

Please provide a letter of recommendation from a professional in the health care field who knows you, your ambition and is currently in a position to provide comments of your commitment to the health care field. If you are in your clinicals, a mentor statement from a certified surgical technologist who has been precepting you is preferred.

(Instructor: Mail entire application in student-supplied envelope to Scholarship, Foundation for Surgical Technology, 7108-C South Alton Way, Centennial, CO 80112).

2003-2004 Thomson Delmar Learning

Surgical Technology Scholarship

Background Information

Thomson Delmar Learning is offering a \$1,000 scholarship to be awarded to a surgical technology student. Thomson Delmar Learning will select a student to be awarded the scholarship.

The purpose of the scholarship is to reward an individual who is striving to further their personal and educational goals by completing a surgical technology program.

Criteria for Selection

Selection is based on:

1. Academic achievement and progress.
2. Student's ability to clearly and effectively communicate through writing skills.

Eligibility Requirements

1. Student is required to submit evidence of being enrolled in a CAAHEP-accredited program or accepted to begin the program.

Policies

1. Upon entering the program, the student must maintain a minimum GPA of 2.5. Official transcripts must be submitted to Delmar at the end of the first and second semesters by the program instructor/director.
 - a. If the student's GPA is below 2.5 at the end of the first semester the first \$500 will not be awarded and the student is not eligible to receive the second \$500 at the end of the second semester.
 - b. If the student's GPA is below 2.5 at the end of the second semester the second \$500 will not be awarded.
2. The student is required to arrange having the program instructor/director submit a mid-term report of their grades and GPA in the first and second semesters to Thomson Delmar Learning.

- a. The program instructor/director will be asked to complete and submit a short questionnaire to Thomson Delmar Learning concerning the student's progress.
3. The student will be awarded \$500 at the end of the first semester upon proof of maintaining a 2.5 GPA. When the student submits proof of maintaining a 2.5 GPA at the end of the second semester, the second \$500 will be awarded.
4. All application materials must be completed and submitted together or the individual will not be considered for the scholarship.
5. Applications materials must be received by **March 1, 2003**. The student to be awarded the scholarship will be notified by May 1, 2003.
6. A Scholarship Selection Panel will review applications and select the student to be awarded the scholarship.

Application Procedure

1. Student must submit a short report of 500 words or less stating the following items:
 - a. Professional goals
 - b. Strengths as a student
 - c. Reasons for wanting to enter the surgical technology profession

The report should be concise, grammatically correct, and information effectively communicated. The report is to be typed. Handwritten reports will not be accepted.
2. Student completes the Application for Scholarship. The application can be handwritten in a neat and legible manner using a ball-point pen, black color, or typed.
3. Student mails the short report and application to the following address:

AST
Education Department
7108-C South Alton Way
Centennial, CO 80112-2106

Material sent by FAX or E-mail attachment will not be accepted.

**Thomson Delmar Learning Scholarship
Student Application for Surgical Technology**

Please type or print legibly using a black ball-point pen.

Last Name: _____ **First Name:** _____

Please Circle: Male Female

Street Address: _____ **Apt. #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone #: _____ **E-mail Address:** _____

Surgical Technology Program Information

Name of School: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Program Director/Instructors Name: _____

Office Phone #: _____ **E-mail Address:** _____

ATTACH PROOF OF PROGRAM CAAHEP ACCREDITATION

Briefly Answer the Following Questions

1. Provide information related to school organizations, in particular those that develop leadership skills that you have participated.

2. If you have participated in community activities, explain your role in the activity.

3. Briefly describe the person, circumstance, or event that influenced your decision to pursue a career in surgical technology.

Student Signature: _____

Date: _____

Office Use – Do Not Write In Area Below

Date Application Received: _____

Person Who Received Application: _____

Date Application Reviewed: _____

Thomson Delmar Learning Scholarship
Program Director/Instructor Questionnaire
Mid-Term Progress Report for First Semester

Name of Instructor (print): _____

Name of School: _____

Office Phone #: _____

E-mail Address: _____

1. Is the student on time for classes and laboratory? Yes No
If no, please provide brief explanation.

2. Does the student complete assignments on time? Yes No
If no, please provide a brief explanation.

4. How would you assess the student's progress in learning surgical technology skills in the laboratory with an emphasis on applying aseptic technique?

Excellent Average Poor

Please provide a brief explanation for a poor performance.

5. In your opinion is the student cooperative and a team worker in the classroom and laboratory? Yes No
If no, please provide a brief explanation.

6. Please provide any other information that you feel is pertinent in the evaluation of the student's progress in the surgical technology program.

If the student has not already made arrangements with you, please include a copy of the student's mid-term grades with this report. Thank you for taking the time to complete this questionnaire. Please mail to AST, Education Department, 7108-C South Alton Way, Centennial, CO 80112-2106.

**Thomson Delmar Learning Scholarship
Program Director/Instructor Questionnaire
Mid-Term Progress Report for Second Semester**

Name of Instructor (print): _____

Name of School: _____

Office Phone #: _____

E-mail Address: _____

1. Does the student report to clinical rotation on time? Yes No
If no, please provide a brief explanation.

2. Is the student prepared for the procedures assigned to him/her in clinical rotation? Yes No
If no, please provide a brief explanation.

3. How would you assess the student's progress in clinical rotation? Is he/she at the expected level of proficiency? Yes No
If no, please provide a brief explanation.

4. Is the student receptive to positive criticism by the preceptor(s)? Yes No
If no, please provide a brief explanation.

5. In your opinion, is the student capable of working in an efficient manner in a pressure situation? Yes No
If no, please provide a brief explanation.

6. Does the student efficiently apply the concepts of sterile technique? Yes No
If no, please provide a brief explanation.

7. Does the student exhibit a high level of surgical conscience? ___ Yes ___ No
If no, please provide a brief explanation.
8. Is the student maintaining satisfactory progress in the classroom? ___ Yes ___ No
If no, please provide a brief explanation.
9. Is the student's interaction with the other surgical team members professional and appropriate? ___ Yes ___ No
If no, please provide a brief explanation.
10. Please provide any other information that you feel is pertinent in the evaluation of the student's progress in the surgical technology program.

If the student has not already made arrangements with you, please include a copy of the student's mid-term grades with this report. Thank you for taking the time to complete this questionnaire. Please mail to AST, Education Department, 7108-C South Alton Way, Centennial, CO 80112-2106.