

## 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 \_\_\_\_\_

AST Membership # \_\_\_\_\_

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. Are your grades a true reflection of your ability? If not, what prevented you from doing better?
  
4. List the three academic subjects you found most interesting; why?
  
5. List school activities in which you have participated, or volunteered.
  
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.

### **PART 2: OFFICIAL TRANSCRIPT AND COURSE FEE SCHEDULE**

Please include a copy of the **Official Transcript** and an official tuition and fee schedule for the Surgical Technology Program. 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, 2007. Without an official transcript and course fee schedule, the application will be incomplete, therefore it will be ineligible.