

*Supporting Educational Advancement for Students and Educators in the Professions
of Surgical Technology and Surgical Assisting*

**Accreditation Review Council on Education
in Surgical Technology and Surgical Assisting**



2017 Application

Student Scholarship



An ARC/STSA® community outreach program.

The Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA) is committed to advancing surgical technology and surgical assisting education for individuals entering and working within the professions. This ARC/STSA Scholarship Program is designed to assist AST or ASA student members pursuing their education in CAAHEP accredited surgical technology or surgical assisting programs. At least one scholarship of up to \$1000 will be awarded annually.

ARC/STSA® Student Scholarship

Eligibility Requirements:

1. Completed, signed and dated application received by the *due date* specified below.
2. Proof of attendance at a CAAHEP accredited surgical technology or surgical assisting program.
3. Proof of student membership in AST (www.ast.org) or ASA (www.surgicalassistant.org).
4. Official institutional transcript verifying a cumulative GPA of 3.0 or greater (on a 4.0 scale), or an equivalent scale acceptable to the ARC/STSA.
5. Submission of an original essay (minimum 1,200 to maximum 1,500 words) describing how this award will assist you in reaching your educational objectives and the ultimate goal of being an entry-level surgical technology or surgical assisting practitioner.
6. Letter of recommendation from your program director evaluating your potential for a career in the profession of surgical technology or surgical assisting.

Scholarship applications will *not* be considered unless completely filled out, signed, and accompanied by all appropriate supporting documentation. *Application must be received at the ARC/STSA office on or before Friday, February 24, 2017.*

Send the completed application with supporting materials to:

ARC/STSA
Attn: Student Scholarship
6 West Dry Creek Circle, Suite 110
Littleton, Colorado 80120

2017 ARC/STSA STUDENT SCHOLARSHIP APPLICATION

Name: _____
(Last) (First) (MI)

AST or ASA Member # _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile/Cell: _____

E-Mail: _____ Last 4 digits of SS#: _____

School Name: _____

Program - check one: Surgical Technology Surgical Assisting

School City: _____ State: _____

Date Enrolled: _____ Expected Completion Date: _____

Program Director: _____

Program Phone: _____

I certify that I have completed this application and that it is true, correct, and complete to the best of my knowledge and belief. I further certify that I am the sole author of the essay submitted for consideration. I hereby authorize the release of all information contained in this application packet, as may be required to determine my eligibility for a scholarship. I hereby waive my rights to review any and all documents pertaining to my scholarship application once submitted for consideration.

Signature: _____ Date: _____

*Scholarship recipients will be announced at the AST National Conference and will be posted online at www.arcstsa.org by June 30, 2017. Each scholarship recipient will be notified and **required** to submit a photograph, biography and release for publication authorization of the award announcement **prior** to distribution of the actual monetary award.*