



FOUNDATION FOR SURGICAL TECHNOLOGY SCHOLARSHIP APPLICATION

PART 1: STUDENT SECTION

To be completed by student. Application must be typewritten. Use additional sheets if any response is more than 200 words.

Last Name _____ First _____ Middle _____ M/F ____ Date _____

Street Address _____ City _____ State _____ ZIP _____

Phone Number _____ Email address _____

Name of Accredited Surgical Technology Program _____

CAAHEP program accreditation code (or attach proof of AHBES program accreditation) _____

Street Address _____ City _____ State _____ ZIP _____

Phone Number _____ Email address _____

Continued on the next page...

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 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 March 1, 2010. Without an official transcript and course fee schedule, the application will be incomplete, therefore it will be ineligible.