



FOUNDATION FOR SURGICAL TECHNOLOGY STUDENT SCHOLARSHIP 2011-2012

Purpose

The purpose of the scholarship is to encourage and reward educational excellence as well as to respond to the 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.
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 reference form.

Eligibility Requirements

1. Applicants must be currently enrolled in an accredited surgical technology program and eligible to sit for the NBSTSA national surgical technologist certifying examination. *Be sure to fill in the information on the student application that requires the CAAHEP school code or provide proof of ABHES surgical technology program accreditation.*
2. Applicants must demonstrate superior academic ability.
3. Applicants must have a need for financial assistance.

ALL APPLICATIONS MUST BE POSTMARKED BY MARCH 1, 2012.

Application Checkoff List

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: To be completed by instructor.
 - Part 4: Preceptor Section: To be completed by clinical preceptor. (Only one reference per student accepted)

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

2. The instructor must mail applications in the stamped envelope provided by the student to the attention of Scholarship Department, The Foundation for Surgical Technology, 6 West Dry Creek Circle, Suite 200, Littleton, CO 80120; or send by email to scholarships@ast.org.
3. Incomplete, late or handwritten 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.

Amount Awarded

Scholarships will be awarded with the amount determined by the members of the Foundation for Surgical Technology Committee 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.

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. As a demonstration of investment in the profession and professional organization, recipients will be required to be AST members prior to receipt of the award. 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. **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...

1. Why do you want to become a surgical technologist? Describe your background and explain your career goals.

2. Please fill in your cumulative grade point average (GPA) _____
Note, the cumulative GPA includes all grades for all courses since you have been enrolled in the program).

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.

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 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, 2012. Without an official transcript and course fee schedule, the application will be incomplete, therefore it will be ineligible.

PART 3: INSTRUCTOR'S SECTION

Foundation for Surgical Technology Instructor Reference Form

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

Last name of applicant _____ First _____ Middle _____

School Accreditation Code # _____

Trait	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Accountability				
Attendance				
Attitude				
Class Participation				
Cooperation				
Conduct				
Effort				
Emotional Control				
Interpersonal Skills				
Professionalism				
Reliability				
Teamwork Skills				
Work Ethic				

Does this student need or depend upon financial assistance to continue in the program?

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

Instructor's Name (Please print) _____

Instructor's Signature _____ Date _____

Instructor: Mail entire application in student-supplied envelope to Scholarship, The Foundation for Surgical Technology, 6 West Dry Creek Circle, Littleton, CO 80120, or email entire application (Parts 1, 3 and 4) to scholarships@ast.org.

PART 4: PRECEPTOR'S SECTION

Foundation for Surgical Technology Preceptor Reference Form

Preceptors: Rate the applicant on each of the following characteristics. Students may submit only one reference from a preceptor. If student has not reached the clinical portion of the program, this form should not be attached.

Last name of applicant _____ First _____ Middle _____

Trait	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Adaptability				
Adherence to Policies, Procedures				
Attentiveness				
Attitude				
Case Participation				
Case-specific Concepts				
Conduct				
Cooperation				
Initiative				
Interpersonal Skills				
Manual Dexterity				
Professional Appearance				
Reliability				
Surgical Conscience				
Surgical Technique				
Teamwork Skills				

Preceptor's Name (Please print) _____

Preceptor's Signature _____ Date _____

Preceptor: Please email the completed reference form to the student's instructor.