# South Carolina State Assembly Future of our Profession Scholarship

The South Carolina State Assembly of The Association of Surgical Technologists is committed to enhancing quality patient care for surgical patients. The SCSA scholarship program aims to assists students in pursuing their education through a CAAHEP and NBSTSA recognized. Scholarships will be awarded annually in the Spring.

**SCSA Scholarship**

Requirements for consideration:

1. Completed and signed application (section two must be completed by the program director or their

designee).

1. Proof of attendance in a CAAHEP accredited and NBSTSA recognized surgical technology program.
2. Official transcript verifying your cumulative GPA (based on a 4.0 scale).
3. Submission of an original essay, minimum 1,200 words (maximum 1,500 words), describing how this award will assist you in reaching your educational objectives and the ultimate goal of being a surgical technology practitioner. Essays must be typed or word-processed.
4. Two letters of recommendation from a mentor/ preceptor related to the student’s educational process

evaluating the student’s potential for a career in the profession of surgical technology.

\*Scholarship applications will not be considered unless completely filled out, signed, and accompanied by all appropriate supporting documentation. Applications containing more than two letters of recommendation will be returned for selection by the applicant of letters to be utilized for consideration.

Completed applications with supporting documentation should be either

Emailed to: Katrinawilliams89@yahoo.com

Mailed to:

SCSA of AST

PO Box 1001

Dillon, SC 29536

# Section One:

## To be completed by the applicant. Please print or word process.

Last Name First Middle Initial

Telephone E-mail Address City State Zip Code

Name of Program City State

Program Director

Date Enrolled Anticipated Completion Date

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

career goals.

1. Please provide your grade point average (GPA)
2. Are your grades a true reflection of your ability? If not, what if anything is preventing you from improving your academic standing?
3. List the three academic subjects you find most interesting and why.

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5. List any school activities in which you have or are currently participated in.

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6. List any awards you have received for school or extracurricular activities.

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7. Explain why you are applying for this award and include reasons such as financial need, merit etc.

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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 paper 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 notified via email and mail. Recipients will be posted online at [www.scsaast.org.](http://www.scsaast.org.) Scholarship recipients consent to the release of biographical information and a photograph for publications related to announcement of scholarship awards.

# Section Two:

## To be completed by the program director or designee. Please print or word process.

Last name of applicant First

1. Has the applicant’s attendance record been entirely satisfactory? Yes or No If no, please explain.
2. Please provide an assessment of the applicant’s overall performance in the program.
3. Why do you feel this applicant is an optimal candidate for a scholarship award?

1. On a scale of 1 to 5 (5 being highest) please rate the applicant on each of the following:
2. Cooperation 1 2 3 4 5
3. Class Participation 1 2 3 4 5
4. Interpersonal Relationships 1 2 3 4 5
5. Please provide any additional information that may assist in establishing scholarship eligibility for this applicant.

Program Director/ Designee

Signature Date

# Section Three:

## To be completed by a mentor/ preceptor to the applicant. Please print or word process.

Provide two letters of recommendation attesting to and evaluating the applicant’s potential for a career in the profession of surgical technology. For an applicant in the clinical portion of the program, a recommendation letter from a Certified Surgical Technologist who is serving as a clinical preceptor is preferred.

