



STARS AWARD PROGRAM

TO: Professional Student

FROM: Jeannie Simms, Director of Field Services, Breathe Pennsylvania

DATE: 2015-2016

Breathe Pennsylvania established the **STARS Award Program** in September 2013, and it will continue as long as funds are available.

There will be up to ten \$1,000.00 scholarships awarded, and they are not renewable. Breathe Pennsylvania reserves the right to review the conditions and procedures, and make changes at any time, including termination of the STARS Award Program.

ELIGIBILITY REQUIREMENTS

To apply for a scholarship, an applicant must meet the following eligibility requirements:

- Be enrolled in an undergraduate course of study at an accredited two- or four-year school
- Attended a Breathe Pennsylvania Orientation/Training Program for the School Asthma Initiative (SAI) Program
- Participated in a School Asthma Initiative Event

*June 2, 2015- Addendum: Breathe Pennsylvania works with Indiana County Technical Institute LPN program in Indiana and Allegheny. These professional students have done a dynamic job this year, however this is the full-time practical nursing program which is a one year program. With permission from the Breathe Pennsylvania Executive Director, these students will be permitted to apply.

HOW TO APPLY

The attached application must be completed by the student/applicant. In addition, each applicant must submit a 500 word essay relating to how his/her experience with this program changed his/her concept of his/her role in Community Health.

All applications will be reviewed for consideration for a scholarship. The information contained in the applications is strictly confidential, and will be utilized by Breathe Pennsylvania only.



SELECTION OF AWARDEES

Scholarship recipients are selected on the basis of their overall preparation, participation, and leadership skills demonstrated at the School Asthma Initiative Program as well as the content of their essay. Financial need is not considered. Awards are granted without regard to race, color, creed, sex, age, or national origin.

Applicants will be notified by mail no later than June 30, 2016, of the Selection Committee's decision. All decisions of the Selection Committee shall be considered final.

DEADLINE

The completed application, signed and dated by the applicant, along with the essay must be postmarked no later than three weeks after the School Asthma Initiative Program date in which the student participated. The program concludes on May 31, 2016. Please keep Breathe Pennsylvania current with the address where you can be contacted in June 2016. At that time, Breathe Pennsylvania will ask that you be available for a publicity picture. Application materials will not be returned, and become the property of Breathe Pennsylvania.

Applications should be sent to: Breathe Pennsylvania, Cranberry Professional Park, 201 Smith Drive, Suite E, Cranberry Township, PA 16066, Attention: Cynthia Tallerico. Questions should be directed to Cynthia Tallerico at 1-800-220-1990 or ctallerico@breathepa.org.

Attachment (1): STARS Award Program Application



STARS Award Program Application

(Please print clearly and provide all information requested.)

Name _____

Address _____

Telephone _____ Email _____

Post Secondary School _____

Name _____

Address _____

Major Course of Study _____

Anticipated Date of Graduation (Month/Year) _____

Faculty Instructor Name _____

Telephone _____ Email _____

I hereby certify that I have read and complied with the instructions provided with respect to the submission of this application. I further certify that the above statements are true, complete, and correct, and that no material information has been omitted. Further, I agree to provide information that Breathe Pennsylvania may request. Falsification of information may result in termination of any scholarship granted.

Signature _____ Date _____



Date of Orientation/School Asthma Initiative Training _____

Date of School Asthma Initiative Event _____

Site _____

“Today, asthma management requires a team approach.” Please use the space below to expand and define this statement, and tell us how you believe your experience in this program changed your concept of your role in Community Health. The essay must be typed, 10-12 point font, and double-spaced. Please limit your response to 500 words. A separate sheet may be used and attached to your application.