



Respiratory Care Program Verification for the Dr. Ethel E. Johnson Memorial Scholarship

| Verification Information Needed | | | |
|---------------------------------|-------------------------------|-----------------------|------------------------------|
| Applicant Name | | | |
| School Name | | | |
| Program Level | AAS/AS | Traditional BS | Degree Advancement BS |
| | Entry Into Practice MS | | MS |
| Currently Enrolled | Yes | No | |
| Cumulative GPA | | | |
| Respiratory Course GPA | | | |
| Expected Graduation Date | | | |

| | | |
|---|------------------------------|---|
| Form filled out and verified by: | Program Director (PD) | Director of Clinical Education (DCE) |
| Name | | |
| Email | | |
| Phone | | |

Please submit this completed form to fsrc@fsrc.org by January 31, 2024.