

**EIGHT & FORTY
LUNG AND RESPIRATORY DISEASE SCHOLARSHIP FUND**

Directions for Completing Scholarship Application

We are pleased to send you the application you requested to assist you further with your education for a position in Lung and Respiratory Disease Prevention and Treatment Nursing or a Respiratory Therapist. The following forms are attached. The award this year is \$2000.

THE APPLICATION

Please type or print clearly with black ink. Answer all of the questions. If you need additional space to answer a question, please clearly label the information and attach it to the application. **Please do NOT staple the pages and try to send all documents in together.**

THREE FORMS OF REFERENCE

These forms are to be sent to the individuals you have listed in the application for reference. Complete Section I of these forms before forwarding to your references. Recommended references include:

- * Supervisors, co-workers, or multi-disciplinary team members.
- * Recent employers.
- * A faculty member of the school from which you attended or graduated.

If the above-recommended references are not available, you may list anyone who can attest to your character and integrity. It is strongly suggested that a reference alternate be selected from one of your current or recent instructors. If you were an Eight & Forty Scholarship winner from the previous year, you are only required to submit one reference.

TRANSCRIPTS

Attach your official transcripts from your School of Nursing or Allied Health and transcripts of all other college university credits to your application. You may have these sent directly to the address below.

APPLICATION DEADLINE

Applications must be **received no later than May 15, 2026** to be considered. Send completed application, transcripts, and supporting documentation to:

**Salon National
Nursing & Respiratory Therapist Scholarship
PO Box 1108
Lake Dallas, Texas 75065-1108**

ANNOUNCEMENT OF AWARDS

Announcement of awards will be made on July 1, 2026. All applicants will be notified in writing.

Your prompt and careful attention to directions for completing your application will facilitate the Selection Committee's review and action. Please keep us informed of your current address.

SCHOLARSHIP APPLICATION

EIGHT & FORTY LUNG AND RESPIRATORY DISEASE SCHOLARSHIP FUND

SCHOOL YEAR 2026

Please type or print in black ink.

Name of Applicant: Mr. Mrs. Ms. _____
(circle one)

Date of Birth: _____ Age _____ Are you a U.S. Citizen? Yes ☐ No ☐

Address: _____ City/State/Zip: _____

Phone: () _____ Email: _____

Year of initial medical licensure: _____ Present health status: _____

Year in which you completed or anticipate completing the following degrees:

Associate: _____ Bachelor: _____ Master: _____ Doctorate: _____

List three people you will be using for references.

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

List educational institutions attended beginning with the most current.

Institution: _____ Dates Attended: _____

Degree/ Diploma: _____ Major/ Concentration: _____

Institution: _____ Dates Attended: _____

Degree/ Diploma: _____ Major/ Concentration: _____

Institution: _____ Dates Attended: _____

Degree/ Diploma: _____ Major/ Concentration: _____

Institution: _____ Dates Attended: _____

Degree/ Diploma: _____ Major/ Concentration: _____

Name of Applicant: _____

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List all professional positions held beginning with the most current.

List professional and civic organizations in which you have been active and any offices held.

What field of medicine do you want to specialize in?

Have you or will you be applying for other scholarships, assistantship, and/ or fellowships? Yes ☐ No ☐

If you answered "yes," please explain: _____

How many months do you anticipate you will be in school and unable to work fulltime? _____

Name of Applicant: _____

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Outline your proposed program of study and plans for your future professional career.

Include items such as the following:

What are your career goals? How are your goals related to your past education and experience?

How will your proposed program prepare you to make a more effective contribution?

Upon what criteria have you based your program and university selection?

For what position are you preparing? (This is a critical question and will be used as a major factor in evaluating your application.)

Total number of credit hours needed to complete your degree.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Provide any information in which you wish the Selection Committee to have that is not included in this application. Examples: personal interests, major projects, professional development, etc.

List the number of dependents you currently have: _____

Total Monthly Net Income: \$ _____ **Total Monthly Needs: \$** _____

What is the cost per credit hour at the school you will be attending? _____

General state of financial need:

Name of Applicant: _____

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COMPLETE EACH OF THE FOLLOWING STEPS BEFORE RETURNING YOUR APPLICATION.

- ◆ Attach School of Nursing transcripts and transcripts of all other colleges or universities attended.
You may have transcripts sent directly to the address below.
- ◆ Attach all supporting documents that you wish to be considered.
- ◆ You should discuss your plan of study with an advisor who is aware of current trends in nursing practice and university offerings and requirements.
- ◆ An advisor's endorsement is required.
- ◆ Carefully read and sign the "Applicant's Statement of Understanding."
- ◆ Forward completed application and supporting documents to:

**Salon National
Nursing and Respiratory Therapist Scholarship
PO Box 1108
Lake Dallas, Texas 75065-1108**

APPLICATIONS MUST BE RECEIVED NO LATER THAN MAY 15, 2026

ADVISOR'S ENDORSEMENT

I have read and endorse this application and accompanying documentation. I believe that this candidate is eligible for the Eight & Forty Lung and Respiratory Disease Scholarship Award.

Name and Title: _____

Address: _____

Signature of Advisor Date

**APPLICANT'S STATEMENT OF
UNDERSTANDING**

I understand that if I am granted an award, I am obligated to work on the completion of my education to secure a position with direct relationship to Lung and Respiratory Disease. Furthermore, I understand that I am responsible to notify Salon National if, for any reason, I am unable to complete a quarter or semester.

Signature of Applicant Date

**EIGHT & FORTY
LUNG AND RESPIRATORY DISEASE NURSING & RESPIRATORY THERAPIST
SCHOLARSHIP FUND**

PERSONAL OR PROFESSIONAL REFERENCE FORM

Section I (to be completed by the Applicant – please type or print)

_____ is applying for an
(Full Name)

Eight & Forty Lung and Respiratory Disease Scholarship Award. These educational funds are sought

to assist the applicant in completing _____
(Degree, major, and/ or program)

at _____,
(College or University) (City, State)

Section II

To individuals serving as a Personal or Professional Reference:

Your cooperation is requested in the interest of the applicant listed above. Please complete the reverse side of this form and return postmarked no later than **May 15, 2025**. Forms received postmarked after this date will not be considered. Return to:

**Salon National
Nursing & Respiratory Therapist Scholarship
PO Box 1108
Lake Dallas, Texas 75065-1108**

The Eight & Forty appreciates any pertinent information that would be helpful in appraising the suitability of the Applicant for a Lung and Respiratory Disease Scholarship. Your opinion regarding the character, integrity, personality, and the potential for advanced study and career success in the field which preparation is desired, will help the Eight & Forty in assessing the Applicant's qualifications for a scholarship. The scholarship is extremely competitive and is awarded based on need and worthiness. Please make clear and careful distinctions between strong and weak characteristics of the Applicant and rank each one in relation to other nurses you have known who have had comparable educational opportunities and experiences.

Please return form no later than May 15, 2026

Section III (to be completed by the Reference – please type or print)

Name of Applicant: _____

Rate those traits that apply and of which you have knowledge.

	Top 2%	Top 10%	Top 25%	Upper 50%	Lower 50%	No Judgment
Ability to express self orally						
Ability to work effectively with others						
Emotional maturity						
Intellectual ability						
Interest in nursing or respiratory therapy						
Interest in pediatric lung diseases						
Leadership qualities						
Professional knowledge						
Promise as a teacher						
Promise as an administrator						

How long have you know the applicant? _____ years In what capacity? _____

Additional comments _____

Name of Personal/ Professional Reference: _____

Address: _____

Signature: _____ Date: _____

Please return form no later than May 15, 2026