

HOD Student Mentor Application Summer 2014

Name: _____

Street Address:

City: _____ State: _____ Zip: _____ Phone:

E mail address: _____

Respiratory Care Program: _____

Type of Program (Check only one): Associate Degree Bachelors Degree
 Masters Degree

Graduation Date: _____ AARC Student Number:

Are you sponsored by your state? (Check only one): Yes No Unsure

Day(s) you wish to attend (Check only one):

July 18, 2014

July 19, 2014

Both July 18 and 19, 2014

Where did you hear about the program?

In a few short sentences, why are you interested in attending the House of Delegates Meeting?

Mail completed application by **June 15th** to:

Kerry McNiven
34 August Rd
Simsbury, CT 06070