

HOD Student Mentor Application Winter 2014

Please write legibly.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Personal E mail address: _____

Respiratory Care Program: _____

Type of Program (Check only one):

Associate Degree Bachelor Degree Master 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):

- Sunday, Dec 7, 2014
- Monday, Dec 8, 2014
- Both Dec 7 and Dec 8, 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 **Nov 9th (NOTE THE NEW EARLIER DATE)** to:

Kerry McNiven
34 August Rd
Simsbury, CT 06070
Or e mail it to kmcniven@manchestercc.edu

Please note, that by applying to this program you are agreeing to allow the committee to contact you after the event and to track your membership in the AARC