



**MONTANA  
SLEEP SOCIETY**

1131 Antares Road, MT 59602

## **Vicki Bellew, RRT, RPSGT Scholarship Fund Program**



This Scholarship Program was created in memory of Vicki Bellew to assist Montana Sleep Society members who might not be able to attend the Society's annual meeting. The purpose of this program is to offset the expenses associated with attending the annual meeting by offering complimentary registrations. This initiative is primarily funded by donations in memory of Vicki Bellew, RRT, RPSGT. The number of scholarships awarded will be determined based on the total amount of contributions received for this program.

To be considered, MSS members in good standing are required to submit a completed Scholarship Fund Application. The MSS Board of Directors will review each application and award the scholarship recipient(s) for the fall Montana Regional Sleep Seminar meeting. The scholarship recipient(s) will be announced on the Montana Sleep Society web site.

### **Application Process**

1. Download the Scholarship Application
2. The completed Vicki Bellew, RRT, RPSGT Scholarship Fund Application form must include:
  - a. A letter of recommendation from the applicant's employer
  - b. A letter of intent from the applicant explaining why the scholarship is needed and what the applicant hopes to accomplish by attending the MRSS meeting
3. The Completed Scholarship must be received by the Montana Sleep Society Board of Directors **no later than August 31**
4. Send the required information to:

Vicki Bellew, RRT, RPSGT Scholarship Fund  
Montana Sleep Society  
1131 Antares Road  
Helena, MT 59602



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## Vicki Bellew, RRT, RPSGT Scholarship Fund Application

<b>NAME of APPLICANT:</b>		<b>Credentials:</b>	
<b>MSS Member Number:</b>			
<b>CONTACT INFORMATION</b>			
<b>E-mail:</b>			
<b>Phone (h):</b>			
<b>Phone (m):</b>			
<b>US Postal Address:</b>	-	-	
<b>EMPLOYER INFORMATION</b>			
<b>Supervisor/Manager:</b>			
<b>Name of Employer:</b>			
<b>Street Address:</b>	-		
<b>City, State, ZIP:</b>	-		
<b>Phone Number</b>		<b>E-mail Address:</b>	
<p><b>I know the proposed recipient to have upheld the professional standards and ethics of the Montana Sleep Society throughout his/her career.</b></p> <p>_____</p> <p><b>Signature of Manager/Supervisor</b></p>			
<p><b>Applicant Information:</b></p> <p><b>I began working in sleep medicine/technology:</b> _____ <b>(month &amp; year)</b></p> <p><b>My first position in the field of sleep medicine was:</b> _____</p> <p><b>My training in sleep technology has been</b> <input type="checkbox"/> <b>on the job and/or</b> <input type="checkbox"/> _____ <b>program</b></p>			
<b>Signature of Applicant:</b>			<b>Date:</b>