



CALIFORNIA SOCIETY FOR RESPIRATORY CARE

STUDENT AWARD APPLICATION

TYPE OR CLICK IN SHADED BOXES

Please check the Award(s) you are applying for:

Kevin T. Martin Memorial Kathy Miller Memorial Jack McGee Memorial Academic Excellence

Criteria:

1. Must be a member of the CSRC
2. Must have completed 50% of the **respiratory** care coursework in your program
3. Both the student **and** the Program Director must complete their section of the application

Personal Data:

Name:

(First) (MI) (Last)

Address:

City, State, Zip:

Phone:

(Area code) (Phone Number)

Email:

AARC Member #

CSRC Member #

Applicant Signature: _____

Respiratory Care Program:

RC PROGRAM Name:

Address:

City, State, Zip:

Phone:

Director Name:

Program Type: Associate Baccalaureate Master's

Expected Graduation Date:

Applicant Name

Date

Kevin T. Martin Scholarship applicants only

Complete the essay below if you wish to apply for the Kevin T. Martin Memorial Scholarship

Essay: In no more than one typed page, please describe what becoming a Respiratory Therapist means to you. Type in the space below, or attach a separate document if desired.

APPLICANT SIGNATURE _____

Applicant Name

Date

Program Director's Evaluation

Applicant: After completing your sections of the application, please ask your Program Director to complete their section. Applicant is encouraged to follow up with their PD to ensure their section is completed by the deadline.

Program Director: We value your input in the selection of an appropriate award candidate and thank you for your honest assessment and time. You are encouraged to place your evaluation in a sealed envelope for the student to submit along with their application.

1. Student Attendance: % of Time Attended 100% 90% 80%

2. Please complete the following questionnaire regarding this student.

2 = Outstanding

1 = Good

0 = Below Average

Motivation for health science career: genuineness and depth of commitment

Maturity: personal development, ability to cope with life situations

Interpersonal relations: ability to get along with others, rapport, cooperation, attitude toward supervision

Empathy: sensitivity to needs of others, consideration, etc.

Judgment: ability to analyze a problem, common sense, decisiveness

Resourcefulness: originality, skillful management of available resources

Reliability: dependability, sense of responsibility, promptness, conscientiousness

Communication skills: clarity of expression, articulateness

Professional commitment: activities to advance the profession

3. IMPORTANT: At the time of application, this candidate would be considered as having completed at least 50% of Respiratory Care course work:

Yes

No

Other (explain)

Please add comments on following page.

Applicant Name

Date

Program Director: Please add any information you feel might be pertinent to the student's eligibility for this award:

I have checked this application for completeness and accuracy.

Program Director name (printed)

Program Director's Signature: _____ DATE _____

The completed application packet and attachments must be scanned and emailed to:

CSRC Executive Office

office@csrc.org

Application must be emailed by **April 30, of the current year.**