

Expected Graduation Date:

CALIFORNIA SOCIETY FOR RESPIRATORY CARE

STUDENT AWARD APPLICATION

TYPE OR CLICK IN SHADED BOXES

Please check the Award(s) you are applying for: ☐ Kathy Miller Memorial ☐ Jack McGee Memorial ☐ Academic Excellence Kevin T. Martin Memorial 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

Course name

Academic Record:

Official or Unofficial transcripts obtainable from the school registrar must be submitted with this application. Transcripts must include all completed courses for your respiratory therapy program, including all prerequisites required for admission and additional courses required for degree completion. Your total GPA will be used for evaluation of academic success. As the applicant, you are responsible for the inclusion of these courses. Please advise on the page below if, for reasons of late computer entry, there are any completed courses that were not included in your transcripts.

Units Completed

Grade

School Date

Program Director: By signing, you acknowledge the above courses and grades are accurate.							
Program Director Signature							
Volunteer Time directly re	elated to Healthcare:						
Event:		Date:	Hours:				
Event:		Date:	Hours:				
Event:		Date:	Hours:				
Volunteer Time Non-Healthcare related:							
Event:		Date:	Hours:				
Event:		Date:	Hours:				
Event:		Date:	Hours:				
School Related Activities							
Event:		Date:	Hours:				
Event:		Date:	Hours:				
Event:		Date:	Hours:				

Your Statement:

1. Why did you choose respiratory care as your profession?

2. What are your short and long term goals in respiratory care?

3. To what professional organizations do you belong and what has been your participation?

4. What has your involvement been at your college (class or student body offices held, club membership, etc.)? Include any honors earned.

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.

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.						ı		
	<u>1.</u>	Student Atte	ndance:	% of Time	Attended	100%	90%	80%	
	<u>2.</u>	Please comp	ete the fe	ollowing qu	estionnaire r	egarding this	student.		
2 =	• Ou	tstanding		1	l = Good		0 = 1	Below Average	
		Moti	vation fo	or health sci	ence career:	genuineness	and depth o	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:								
		□Y	es	□No	_O	ther (explain))		

Please add comments on following page.

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

Date

to:

CSRC Executive Office office@csrc.org

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