



Northern California Regions (NCR/GBAR/CCR) -The applying student must be currently enrolled in one of the AS or BS Respiratory Care programs within listed regions of the CSRC. Application must be emailed to the below email address by September 1 each year. Southern California Regions (SCR/IER/SDR) -The applying student must be currently enrolled

in one of the AS or BS Respiratory Care programs within listed regions of the CSRC.

FOR CRCF ONLY		
Academic		
Attendance		
Extracurricular		
Program Director		
TOTAL		
All decisions are final.		

Application must be emailed to the below email address by March 1 each year. Email To: CRCF@csrc.org Please include "CRCF Awards" in the Subject line

**Minimum Criteria** 

- 1. Must be a current Student Member of the CSRC in good standing.
- 2. Must be a current Student Member of the AARC in good standing.
- 3. Must have completed 50% of the respiratory care coursework in your program for >30 days prior to the application deadline.
- 4. The Program Director section must be completed and signed by the Program Director. Name:

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(FIISL)	(1711)	(Last)		
Address:				
City, State, Zip:				
Phone:				
(Area code)	(Phone Nu	imber)		
Email:				
AARC Member #			CSRC N	Vember #
<b>Respiratory Care Pro</b>	gram:			
RC PROGRAM Name	e:		Expected Grad Date:	
Addre	ss:			
City, State, Z	ip:			
Pho	ne:			
Director Na	me:			
Program Type:	Associate	e 🗌 Bac	calaureate	Master's

1415 L. Street, Suite 1100, Sacramento, CA 95814 Phone: 888.730.2770 www.csrc.org/crcf



## Academic Record: (Weight Factor 30%)

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

## \_\_\_Yes \_\_\_No Student Grade Point Average: \_\_\_\_\_

Attendance Record: (Weight Factor 30%)	100%95%90%3	85%80%		
Extracurricular Activities (In the past 2 year	s) (Weight Factor 30%)			
Volunteer Time directly related to CSRC ar	Id AARC			
Event:	Date:	Hours:		
Event:	Date:	Hours:		
Event:	Date:	Hours:		
Event:	Date:	Hours:		
Event:	Date:	Hours:		
Volunteer Time directly related to School	or Healthcare			
Event:	Date:	Hours:		
Event:	Date:	Hours:		
Event:	Date:	Hours:		
Special Awards (Lambda Beta, Valedictorian, etc. – 1 point hour for each award)				
Award:	Date:	Point:		
Award:	Date:	Point:		

By signing your name below, you are certifying that the above information is true, accurate and correct to the best of your knowledge.

APPLICANT SIGNATUREDATEDATE
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## Program Director's Evaluation (Weight Factor 10%)

**Applicant**: After completing your sections of the application (including your signature at the bottom 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 prior to the submission deadline date.

**Program Director:** We value your input in the selection of an appropriate award candidate and thank you for your honest assessment and time. If you desire to keep your evaluation confidential from the student, it is encouraged to have student complete their information, then submit the application to you. Once you complete your evaluation, you can email the entire packet and transcripts to the above email address. Please complete the following questionnaire regarding this student.

## 5 = Outstanding 4 = Above Average 3 = Average 2 = 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 the 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.

By signing, you acknowledge the above information contained on this application are true, accurate and correct.

Printed Program Director Name

Program Director Signature / Date