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Commitment • Excellence

CSRC-South Coast Region

September 4 2021
Respiratory Care Education Program

Dear Program Director and Director of Clinical Education:

During 2022, the South Coast Region of the California Society for Respiratory Care will continue its commitment to help Respiratory Care students succeed by offering Student Achievement Awards of great value.

The South Coast Region offers three memorial Awards each year. The first is the Rick Meyer Memorial Award, honoring the late Mt. San Antonio College Respiratory Care Professor and given for overall Excellence and Academic Achievement. The second is the Dr. Louis Sinopoli Memorial Award, in memory of the late El Camino College Program Director, given for Excellence, Involvement in CSRC/AARC, and Community Service. The third is the Chong H. Kim Memorial Award. Chong was a two-time award recipient who tragically lost his life prior to graduation from Mt. San Antonio College. There will be a fourth general achievement award as well.

Please direct student attention to the following current application requirements:

1. All applicants must have completed at least **50%** of their respiratory care education, all of which must be included in their Academic Records. The only acceptable Academic Record is that of the educational institution Registrar's official or unofficial transcripts.
2. **IMPORTANT NOTICE: New Option--**Students who have graduated from their programs within 90 days before this year's February 28, 2022, application deadline, are also eligible to apply for an Award, in consideration of ongoing financial needs due to the cost and length of program participation.
3. Both the applicant and Program Director must sign the application. The Program Director must also verify the student/graduate's expected, or actual, dates of program completion and graduation.

After the Program Director's input and signature, **applicants must be submitted or postmarked no later than the deadline of February 28, 2022, based on the instruction outlined in the cover letter**
++Late or incomplete applications will not be accepted++

Please distribute this letter and application form as needed, then complete, check, and sign all student applications as required. Award winners will be announced on March 17th 2022 at a location TBD.

Thank you for your continuing support of the CSRC-SCR Student Achievement Awards Program.
Sincerely,

Barish Erenler, President, CSRC South Coast Region
Suzanne Fischetti, SCR Student Education Chair

**CALIFORNIA SOCIETY for RESPIRATORY CARE
SOUTH COAST REGION
STUDENT ACHIEVEMENT AWARDS
APPLICATION 2022**

(Please Note: Application accepts Handwritten Fill-in Only)

Criteria:

1. Must be a student member of the CSRC and the AARC.
2. Must have completed 50% of your program's **Respiratory Care** course work, including **science** prerequisites, as listed on transcripts.
3. Must include both student **and** Program Director's completed and signed application sections.

Personal Data:

NAME: (First) _____ (MI) _____ (Last) _____

STREET ADDRESS: _____

CITY: _____ **STATE:** CA **ZIP CODE:** _____

PHONE: (Area Code) _____ (Phone Number) _____

E-MAIL ADDRESS: _____

AARC Member #: _____ **CSRC Member #:** _____

++Applicant Signature: X _____ ++

Respiratory Care Program:

RC PROGRAM NAME: _____

Address: _____

City/State/Zip Code: _____

Phone: (Area Code) _____ (Phone Number) _____

Program Type: Associate Baccalaureate Master's

Program Director's Name: _____

++Above Applicant's Expected OR Actual Date of Program Completion: | / / |
and Graduation: | / / | ++

++Program Director Signature: X _____ ++

Awards Applicant Name: _____ **Date:** _____

Student Academic Record:

Official or unofficial transcripts obtainable from the school registrar must be attached to this application. Transcripts must include all completed courses for your respiratory care program, including all prerequisites required for admission, plus courses required for degree completion. Your total GPA will be used for evaluation of academic success. The applicant is responsible for the inclusion of these courses. Please advise below if, for reason of late computer entry, you have any completed courses that were not included in your transcripts.

| Course Name | Date | Units Completed | Grade |
|-------------|------|-----------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

Program Director: By signing, you verify that the above courses/grades are accurate.

X _____
Program Director Signature

Volunteer Time with CSRC, AARC, ALA, Other; Include Hours:

| Event | Date | Hours |
|-------|------|-------|
| | | |
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| | | |

Awards Applicant Name: _____ Date: _____

Your Statement: (Please Note: You may attach a separate page with your responses if needed.)

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.

Awards Applicant Name: _____ Date: _____

Program Director's Evaluation:

Applicant: When completing your sections of the application, please coordinate with your Program Director to ensure that all sections are complete **and sent to meet the application deadline.**

Program Director: We value your input in the selection of each appropriate award candidate, and thank you for your honest assessment and time. If you choose, you may place this evaluation in a sealed envelope for the student to submit with the remainder of the application.

A. Student Attendance Record in Class/Lab/Clinics: Total % of required time present:_____.

B. Please rate this student in regard to the following questionnaire:

2 = Outstanding.....1 = Average.....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 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.

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

Yes No Other-explain: _____

Please add comments on next page.....→

Awards Applicant Name: _____ Date: _____

Program Director: Please add or attach any other information you feel might be pertinent to this student's eligibility for this Award:

I have reviewed this application for completeness and accuracy.

Student's Expected or Actual Dates of **Program Completion:** _____ and **Graduation:** _____

Program Director Name (printed): _____

++Program Director's Signature: X _____ **Date:** _____ **++**

Please submit all applications by mail or online according to the cover letter attached.

IF you have any questions please feel free to contact me at berenler@csrc.org