



**STUDENT AWARD APPLICATION**

Please check the Award you are applying for:

**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 6 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. **Application must be emailed to the below email address by March 1 each year.**

FOR CRCF ONLY

Academic	_____
Attendance	_____
Extracurricular	_____
Program Director	_____
<b>TOTAL</b>	

**All decisions are final.**

**Minimum Criteria and instructions**

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. **Student must download and complete their portion of the form completely, then ask Program Director to complete and sign their portion.**
5. **Student will then scan the form, along with their transcripts into 1 pdf form and email to CRCF.**
6. **Email To: [CRCF@csrc.org](mailto:CRCF@csrc.org) Please include "CRCF Awards" in the Subject line.**
7. **Incomplete or late applications will not be considered.**

Name: \_\_\_\_\_  
                     (First)                                    (MI)                                    (Last)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
                     (Area Code) (Phone Number)

Email: \_\_\_\_\_

AARC Member # \_\_\_\_\_ CSRC Member # \_\_\_\_\_

**Respiratory Care Program:**

RC PROGRAM Name: \_\_\_\_\_ Expected Grad Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Director Name: \_\_\_\_\_

Program Type:       Associate       Baccalaureate

**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.

**Student Grade Point Average:** \_\_\_\_\_

**Extracurricular Activities (In the past 2 years) (Weight Factor 30%)**

**Volunteer Time directly related to CSRC and AARC**

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: _____
Event: _____	Date: _____	Hours: _____

Special Awards (Lamba Beta, Valedictorian, etc.,- 1 point hour for each award

Award: _____	Date: _____	Points: _____
Award: _____	Date: _____	Points: _____
Award: _____	Date: _____	Points: _____

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

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**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.

Student has completed at least 50% of the RT Program by application submission date

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

**Please rate student for each item below using the following criteria:**

**5 = Outstanding 4 = Above Average 3 = Average 2 = Below Average**

	Criteria
	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
	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.

Please add additional comments if needed.

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**Attendance Record: (Weight Factor 30%)**       100%    95%    90%    85%    80%

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

\_\_\_\_\_  
Printed Program Director Name

\_\_\_\_\_  
Program Director Signature / Date