



Dear Respiratory Therapy Student,

You are the future. Respiratory Care Practitioners must perform with intelligence, creativity, and compassion.

It is with pleasure that your state professional organization, the California Society for Respiratory Care (CSRC), offers scholarships to support your respiratory therapy training. The awards are based on academic achievement, financial need, and your potential for success.

Please read the information below and follow the directions carefully.

Scholarships offered

#1 Breathe California Lung Health Advocate Scholarship \$5,000 Scholarship will be awarded to the top-ranked first year student.

In appreciation of the critical role Respiratory Care Practitioners play in the delivery of pulmonary health care, Breathe California is offering a scholarship to a promising respiratory therapy student who demonstrates leadership potential in the promotion of lung health and/or clean air.

#2 Kevin T. Martin Memorial Scholarship \$1,000 Scholarship will be awarded to the top-ranked second year student. In 1982, Kevin T. Martin, B.V.E, RRT, RCP, embarked on a mission to make continuing education credits accessible to all respiratory therapists. He began writing home study courses to meet continuing education requirements for license renewal. This endeavor led to the foundation of RC Educational Consulting Services, Inc. (RCECS) of Corona, CA. Unfortunately, Kevin Martin died in 1997. In his memory, Kevin's brother Michael D. Martin, CEO, and Michael R. Carr, President, are proud to offer this RCECS scholarship.

#3 Academic Excellence Scholarships \$350.00 will be awarded to four outstanding respiratory therapy students.

Procedure: Complete all pages of the attached scholarship application. Your Program Director should complete the evaluation form. Signatures are required on the last page of the application.

PLEASE NOTE: Application must be postmarked by March 16, 2008
Scholarship recipients will be announced in April.
Applications are also available at www.csrc.org

**CALIFORNIA SOCIETY FOR RESPIRATORY CARE
SCHOLARSHIP APPLICATION, page 1 of 8**

General information
To be completed by applicant

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone with area code: _____

Work phone with area code: _____

Email Address: _____

Social Security #: _____

School: _____

Program Director: _____

Program Director phone #: _____

CSRC Region: _____

I authorize the CSRC to forward my name, address and application results to my CSRC region for possible local award consideration.

_____ Yes _____ No

Signature _____

Date: _____

**CALIFORNIA SOCIETY FOR RESPIRATORY CARE
SCHOLARSHIP APPLICATION, page 2 of 8**

Student Questionnaire
To be completed by applicant

APPLICANT NAME _____ DATE _____

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?

4. Please list community service volunteer activities.

5. Please list class officer positions and any honors earned.

**CALIFORNIA SOCIETY FOR RESPIRATORY CARE
SCHOLARSHIP APPLICATION, page 3 of 8**

Financial Statement (Confidential)
To be completed by applicant

NAME _____ DATE _____

1. Number of dependents (supported by applicant – include yourself): _____

2. Annual income: (If no income, indicate how school and expenses are paid):

a. Annual salary: \$ _____

b. Spouse's income: \$ _____

c. Bank Loan (s): \$ _____

d. Savings withdrawal: \$ _____

e. Grants, scholarships: \$ _____

f. Gifts: \$ _____

g. Other income: \$ _____

Total annual income: \$ _____

3. Annual expenses:

a. Rent or mortgage: \$ _____

b. Food: \$ _____

c. Medical: \$ _____

d. School expenses:
(books, transportation, etc.) \$ _____

e. Other expenses: \$ _____

Total annual expenses: \$ _____

I certify that the above information is true and accurate to the best of my knowledge.

Applicant Signature: _____

Date: _____

**CALIFORNIA SOCIETY FOR RESPIRATORY CARE
SCHOLARSHIP APPLICATION, page 4 of 8**

******Breathe California Scholarship applicants only******

Complete this portion only if you are applying for the Breathe California Scholarship
(\$5000.00 awarded to a *first year student*)

Criteria:

- 1. First year student in an accredited respiratory therapy training program.**
- 2. Resident of California.**
- 3. Non-smoker.**
- 4. Evidence of potential successful completion the college program (GPA or faculty recommendation).**
- 5. Evidence of initiative in promoting lung health or clean air. (Volunteering at health fairs, giving presentations on the hazards of smoking, advocating for smoke free policies on campus or other community locations, writing letters to the editor or testifying at hearings on the impact of air quality to lung health, etc.)**
- 6. Willingness to be photographed, have photo published with a press release, be interviewed by the news media, and be published in the Breathe California and CSRC newsletters and/or web site.**

Please provide evidence of promotion of lung health or clean air activities.

Date	Event

Projected graduation date: _____

By my signature below, I declare I am a non-smoker, agree to be photographed, and will be in attendance at the CSRC Annual Convention to accept the Breathe CA scholarship award.

Applicant Print Name Applicant Signature Date

**CALIFORNIA SOCIETY FOR RESPIRATORY CARE
SCHOLARSHIP APPLICATION, page 5 of 8**

*****Kevin Martin Scholarship applicants only*****

Note: Complete this portion only if you wish to apply for the Kevin T. Martin Scholarship
(\$1000.00 awarded to a second year student)

Criteria:

- 1. Second year student, (not a scholarship recipient from previous year).**
 - 2. Agree to attend the award ceremony at the Annual CSRC Convention.
(complimentary one day registration).**
 - 3. Submit a printed essay.**
 - 4. Agree to provide RCECS with a letter of appreciation for the scholarship award.**
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Essay: "What becoming a Respiratory Therapist means to me."
(A separate sheet may be submitted if desired)

Name: _____ Signature: _____ DATE: _____

**CALIFORNIA SOCIETY FOR RESPIRATORY CARE
SCHOLARSHIP APPLICATION, page 6 of 8**

Academic Achievement

To be completed by applicant and verified by Program Director

NAME _____ DATE _____

Please include all respiratory therapy courses already completed, any courses that were prerequisites to enter your program, as well as any required science or math courses. Add an additional sheet if necessary. An unofficial transcript may be submitted if desired.

<u>Course name</u>	<u>School</u>	<u>Date</u>	<u>Units Completed</u>	<u>Grade</u>
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

GPA (Respiratory Care and other RC required courses only): _____

Program Director: Please sign to verify accuracy: _____

**CALIFORNIA SOCIETY FOR RESPIRATORY CARE
SCHOLARSHIP APPLICATION, page 7 of 8**

Program Director Evaluation
To be completed by the Program Director

Name of applicant: _____

School: _____

Dear Program Director,

Please complete the following questionnaire regarding this student.

5 = Outstanding 4 = Very good 3 = Average 2 = Fair 1 = Poor

- _____ 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, articulation.
- _____ Perseverance: stamina, endurance.

IMPORTANT: At the time of application, this candidate would be considered a:
 [] 1st year student [] 2nd year student [] Other (explain)

Please add any comments on the following page.

