

REGIONAL ISSRT SCHOLARSHIP



Purpose: To provide a means of financial assistance to the worthy student enrolled in their primary education in the field of medical imaging or therapy. It is the hope of the ISSRT that this will offer individuals the means to complete their education.

Amount: Minimum of \$500

Eligibility Requirements:

- Be an ISSRT member
- Applicants must be enrolled in an accredited education program
- Enrolled in the program for at least 6 months at the time of receipt of the award
- Student must have a minimum GPA of 3.0 (on a 4.0 scale)
- No previous credentialing in radiologic sciences

Selection Criteria:

- Academic achievement in an accredited program
- **Professional goals and insight**
- Merit
- One scholarship will be awarded from each ISSRT region

Required Documents:

- Completed application. Must be typed or neatly handwritten in dark ink
- Written application interview
- Professional/Academic Activities
- Completed evaluation form from your radiologic sciences program director
- Clinical recommendation(s)
- Official transcript issued from your institution

Awarding of the Scholarship:

Completed applications for the Regional Scholarship must be postmarked on or before ~~July 1~~ of the scholarship year. Incomplete or late applications will not be reviewed. The award(s) will be delivered by mail and subsequently announced at the Annual Meeting.

Please return completed application to:

ISSRT
2532 Commons Pkwy
Belleville, IL 62221

Application Form

Part A



1. Name: _____

2. Address: _____

3. Phone Number: _____

4. Email Address: _____

5. Name of School: _____

Program Director: _____

Address: _____

Beginning Date: _____ Estimated Completion Date: _____

6. GPA: _____ (Please attach an official copy of your transcripts)

7. ISSRT Region: _____ Date of Membership in ISSRT: _____

8. Clinical Recommendations. Please obtain two clinical recommendations in sealed envelopes, from each of the following:

Clinical Instructor Name: _____

Lead Tech, Supervisor, Mgr of clinical site: _____

Professional/Academic Form

Part B



1. List activities in which you participate at your school or hospital

2. List Activities/organizations in which you participate in your community.

3. List the areas of your involvement in the Radiologic Technology Profession.

Essay Form Part C



Typed statement consisting of approximately 100-200 words. Handwritten essays will not be accepted. The content of the essay should include your anticipated contribution to the ISSRT, future professional goals, your clinical perspective, and how your patients benefit from your care. Applicants should give detailed information concerning their ability to participate in:

- Patient Care
- Critical thinking
- Sense of professionalism

On an attached sheet, type or word process your essay.

I affirm and certify the information submitted and attached is complete and correct to the best of my knowledge.

Signature: _____

Print Name: _____

Date: _____

Program Directors Evaluation Form

Part D



Applicant's Name: _____

Address: _____

The program director must complete this form and return it to the applicant in a sealed envelope with his or her signature across the seal. Include the sealed envelope with your application packet.

Evaluator Information

Name: _____

Title: _____

E-mail: _____

Phone: _____

Radiologic Science Program Certification

This certifies that _____ is enrolled in a radiologic
applicant

science program at _____
name of institution

located at _____ The student will
address city state zip

graduate from this program in _____
month/year

Program Directors Evaluation Form

Part E



Rating Scale

Please indicate the extent to which the student displays the following characteristics.

	Below Average	Average	Outstanding
Demonstrates outstanding performance in the clinical and didactic setting			
Excellent rapport with patients, peers, and staff			
Punctual, prepared, and attentive			
Demonstrates excellent critical-thinking skills			
Shows motivation/initiative			
Teamwork and dependability			
Ethical Behavior			
Emotional control			

RECOMMENDATION:

Not recommended	Recommended with reservations	Recommended	Recommended with confidence	Highly recommended

Written Evaluation

In the space below, please supply any additional information that will help in the assessment of the applicant.

What separates the applicant from his/her peers as a radiologic sciences student?

Describe why you would want this student to provide care for your friends or family.

Signature _____

Date _____

Judging Form

Part B: Professional/Academic Form