

# ELIZABETH BRAY SCHOLARSHIP



Betty Bray was responsible for the success of many of our ISSRT meetings through her involvement as Program Chairman and Meeting Advisor. Betty held the office of both ISSRT Vice President and President, was Chairman of the Board several times, a member of numerous committees and assistant editor of the *ILLINI TECH*. The ISSRT has recognized Betty for her continuous dedication and service by presenting a scholarship in her name, the "Elizabeth Bray Scholarship Award."

**Purpose:** To award an active technologist member or a graduating student member of the ISSRT for the continuation of his/her education in any area related to radiologic technology. This could include: specific advanced technical training, such as radiation therapy, nuclear medicine, or sonography; advanced degree in radiologic technology, such as a baccalaureate degree; or obtaining additional skills in areas such as education, administration, or supervision from an approved source.

**Amount:** Minimum of \$500

## Eligibility Requirements:

- Be an active ISSRT member at least 60 days prior to the application deadline
- Applicants must be enrolled in an accredited education program
- Student must have a minimum GPA of 3.0 (on a 4.0 scale)

## Selection Criteria:

- Academic achievement (20%)
- Professional activities (15%)
- Financial need (60%)
- Community activities (5%)

## Required Documents:

- Completed application that must be typed or neatly handwritten in dark ink
- Written application interview
- Professional/Academic Activities
- Official* transcripts from all schools attended, radiologic technology program, colleges, etc.
- A copy of continuing education documentation

## Awarding of the Scholarship:

Please return completed application to us via mail, fax, or email:

ISSRT

1701 E. Empire Street, Ste. 360 Box #276

Bloomington, IL 61704

Fax: (303) 755-7363

Email: [info@issrt.org](mailto:info@issrt.org)

# Application Form

## Part A



1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone Number: \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Name of Radiologic Technology Program: \_\_\_\_\_

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

Program Start Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

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

7. Educational institution you will be attending for which you will use the scholarship award:

Institution: \_\_\_\_\_

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

Program Start Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_



# Financial / Employment Form

## Part C



6. Financial Data: Who contributes the major portion of your financial support?

Self: \_\_\_\_\_ Other/Relationship: \_\_\_\_\_

Do you contribute to the support of anyone?      Yes      No

If yes, please explain: \_\_\_\_\_

List your sources of financial support for the coming year (all sources)

Total Amount: \$ \_\_\_\_\_

7. Employment Data: List all relevant employment for the past five years, starting with your present employer.

Employer Name: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

# Essay Form

## Part D



Typed statement consisting of approximately 100-200 words. Handwritten essays will not be accepted. The content of the essay should be: "Why should I be considered for the Elizabeth Bray Scholarship?"

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: \_\_\_\_\_

# Professional and / or Personal Reference Evaluation Form Part E



Applicant's Name: \_\_\_\_\_

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

The evaluator 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: \_\_\_\_\_

## Rating Scale

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

|  | Below Average | Average | Outstanding |
|--|---------------|---------|-------------|
| Demonstrates outstanding performance in the clinical or 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 professional?

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_