

# 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  
1701 E. Empire Street, Ste. 360 Box #276  
Bloomington, IL 61704

# 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: \_\_\_\_\_

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

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

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

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## 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?

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

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Signature \_\_\_\_\_

Date \_\_\_\_\_

# Judging Form

Part B: Professional/Academic Form