

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

2515 Gecko

Maryville, IL 62062

Email: issrt.execassist@gmail.com

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: _____

Professional / Academic Form Part B



1. ISSRT Dates of Membership: _____

2. ASRT Dates of Membership: _____

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

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

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excellent rapport with patients, peers, and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctual, prepared, and attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates excellent critical-thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows motivation/initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork and dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation:

Not recommended	Recommended with reservations	Recommended	Recommended with confidence	Highly recommended
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 _____