

# THE MISSOURI SOCIETY OF RADIOLOGIC TECHNOLOGISTS

## Technologist Scholarship

There will be one (1) MSRT Technologist Scholarship available for radiologic technologists who meet the necessary qualifications. The scholarship will be awarded in the amount of \$700.00 and be presented at the MSRT Annual Conference.

### Requirements:

The candidate must:

1. Be a current member of the MSRT
2. Must have worked in the Radiologic Science profession for at least one (1) year in the past five (5) years in clinical or didactic setting
3. Provide proof of ARRT registration or nationally recognized certifying agency

*The recipients are encouraged to attend the annual conference to receive their award.*

*Note: The recipients will be notified of their selection two weeks in advance of the conference, and registration fees will be waived for day the scholarship award is given.*

### Application Procedure:

1. Complete the scholarship application form
2. Submit two (2) letters of recommendation, in a sealed envelope, using the forms provided
3. Submit current curriculum vitae
4. Submit a Personal Essay
5. Submit proof of MSRT membership
6. Submit proof of ARRT registration or other nationally recognized certifying agency

### Directions for Personal Essay:

Essay must be typewritten on a separate piece of paper and must be 500 words or less in length, double-spaced and in 12-point font. Essay content must include the following information about yourself:

1. Personal or academic achievements
2. Reason for entering the radiologic sciences
3. Career goals
4. Financial need

**Incomplete or late application will not be considered.**

Send the completed application & documents in a **single packet** to:

MSRT Technologist Scholarship Committee  
Dan Cantrell  
760 Tall Grass Rd  
Fordland, MO 65652

All scholarship application materials must be sent CERTIFIED MAIL and be postmarked no later than **February 15, 2010.**

**THE MISSOURI SOCIETY OF RADIOLOGIC TECHNOLOGISTS**  
Technologist Scholarship  
Application Form

Name: \_\_\_\_\_ ARRT Number: \_\_\_\_\_

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

\_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Credentials: \_\_\_\_\_

I, \_\_\_\_\_, verify that all information provided is accurate to the best of my knowledge. In addition, I understand and agree that this scholarship is being awarded to me with the understanding that the proceeds of my scholarship may be used only for educational purposes. I further understand that in the event I fail to use this scholarship for my continued education during the 12 months immediately following receiving the scholarship, I must repay the entire amount to the Missouri Society of Radiologic Technologists at the next annual conference.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

# Missouri Society of Radiologic Technologists Scholarships Candidate Recommendation Form

**Name of Applicant** \_\_\_\_\_

**Current Address** \_\_\_\_\_

**Name of Evaluator** \_\_\_\_\_

To the Applicant:

**Please Read and Sign below.** Enter your name and address above and give this form to the two individuals you have asked to provide an evaluation as part of your application. The recommender should complete the form and return it to you in a sealed envelope. Next, attach these envelopes to your MSRT Scholarship Application when you submit it to the appropriate MSRT Scholarship Committee Chair.

I hereby waive any rights I may have to this recommendation form when completed, and understand the information is confidential and is to be used only in consideration of my application for a MSRT Scholarship Award.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**To the Recommender:**

Your assessment of the applicant named about will greatly assist the scholarship committee in its decision. Recommendations are an important part of the application process. They represent at least 20% of the total scoring process. Your time in furnishing this information is appreciated. *After completing this form, place it in an envelope, seal it, and sign the seal. Then return it to the applicant by:*

1. How long and in what capacity have you known the applicant?

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2. What separates the applicant from their peers that should be considered as making them deserving of this award (e.g. their principle talents or strengths)?

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3. Please give us your appraisal of the applicant relative to others you have known in a similar capacity by marking the appropriate boxes in the chart below.

	Exceptional	Outstanding	Excellent	Good	Average	Below Average
Intellectual Ability						
Maturity						
Motivation						
Ability to work with others						
Self-Confidence						
Leadership Potential						
Critical-thinking Skills						
Verbal Communication Skills						
Written Communication Skills						

4. Describe the applicant's aptitude for education and career in the radiologic sciences:

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5. Use the space below to make any additional comments concerning the applicant. If additional space is needed, use a separate sheet.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
(Please type or print)

Employer \_\_\_\_\_

Business Address \_\_\_\_\_