KANSAS SOCIETY OF RADIOLOGIC TECHNOLOGIST

For office use onl	y
ARRT card	or
Transcript receive	ed

Scholarship Application

• Applicant Certification

I certify that I am a U.S. citizen, U.S. national or U.S. permanent resident, that this application information provided is true and correct to the best of my knowledge. I understand that any false statements made herein will void this application, and I will be ineligible for support from the KSRT Scholarship Fund. I hereby authorize the release of all information contained in this application packet as may be required to determine my eligibility for a scholarship. I hereby waive my rights to review any documents pertaining to my scholarship application once submitted.

I agree that I will attend the KSRT Annual Convention if notified that I will be awarded a scholarship.

Signature of Applicant II. KSRT Member I am a member. Years of membership				Date _ I am sending in my membership now	
			shipl		
III. Personal Information					
Name					
Last			First		
Mailing Address					
Number/St	reet (Apt#)		City		State/Zip
E-mail					
Phone ()					
ARRT Certifications			ARRT #:		
Radiologic Science Program Program Director/Administra	Name of Ins	titution		City/S	State
Email Address					
Phone ()					
Anticipated Graduation date _				GPA	
	Month	Year			
Program Type			Area/ Concent	tration	
O Certificate Program			 Medical In 	nagin	O Radiation Therapy
O Associate degree pr	ogram		O Nuclear Me	edicine	 Sonography
O Bachelor's program			○ Vascular		Other
Transcript- Official S	Sealed Transo	cript or pr	oof of ARRT cer	rtification	

V. Essay

Please provide a one page typed essay describing why you deserve this scholarship. For objectivity purposes, do not include any statements that would identify your school/instructors or yourself. The essay shall be 12 point font Arial with single spacing and 1" margins.

VI. Letter of Recommendation

Include a letter of recommendation from clinical coordinator/work supervisor or letter of professional recommendation.