



AKSRT Scholarship

Purpose

The Alaska Society of Radiologic Technologists is proud to offer a scholarship award to a student currently enrolled in the University of Alaska Anchorage Radiologic Technology Program. This scholarship will promote professionalism and highlight the importance of the program in the state.

Source

This scholarship will be funded annually from the Scholarship Fund. The Scholarship Fund will be amassed by individual donations. The initial \$500 was donated by Dr. Ian Hamilton.

Eligibility

To be eligible for the scholarship, applicants must have;

- successfully completed one semester in the UAA Radiology Program
- maintained a 3.0 grade point average (includes pre-program college courses)
- completed written applicant interview (see below)
- letter of recommendation from two ARRT registered technologists (other than clinical educator)
- completed application form
- submit 3 copies of all forms

Written Applicant Interview

On a separate piece of paper type a response to the following questions. Do not exceed 1,000 words for assignment.

1. What are your career goals?
2. What are your educational goals?
3. How will this scholarship help you achieve your goals?
4. What is the importance of organizations such as the AKSRT to the profession?

Administration

The scholarship committee will convene during the annual organization meeting. All applications must have been received by 1 April. The AKSRT secretary will be charged with collecting all applications. A five member committee of volunteers will be solicited by the AKSRT President to evaluate application packages. UAA faculty, Program Advisors, and Clinical Educators will be excluded from sitting on the committee. Committee members may not serve consecutively.

The committee will evaluate applications prior to the annual meeting. Applications may be distributed by the AKSRT secretary. During the annual meeting the winner will be announce. A check will be written directly to the applicant.



AKSRT Scholarship

I. Personal Information

1. Name _____
2. Mailing address _____

3. E-mail _____
4. Phone () _____

II. Educational Information

1. Anticipated Graduation Date _____ / _____
2. Grade Point Average _____
3. Semesters completed in the UAA Radiology Program _____

I hereby certify that all of the above information is complete and accurate.

Date _____

Signature of Applicant _____

Evaluation Form

AKSRT SCHOLARSHIP

- ❶ Thank you for sitting on the AKSRT Scholarship Committee. Your evaluation will help select the recipient of this year's AKSRT Scholarship funds. Blank sections give the applicant an automatic 0 points. A recommendation letter cannot be accepted in lieu of this evaluation form.
- ❷ Please fully complete Parts I-IV of this form.
- ❸ *Do not use the applicant's name* on page two of this form since your evaluation must be blinded for review.
- ❹ Provide detailed pertinent comments, including specific information about the applicant.
- ❺ Seal this form in an envelope and sign your name across the seal. The applicant has waived the right to review this evaluation form once it has been submitted to the ASRT Education and Research Foundation.

I. Evaluator Information

Name _____

Title _____

E-mail _____

Phone _____

II. Radiologic Science Program Certification

This certifies that _____ is

enrolled in a radiologic science program at _____ and has

completed _____ semesters.

The student will graduate from this program in _____.

Applicant
Name of Institution
Address City State ZIP
Month/Year

For office use only:

Application # _____

Medical Imaging

Nuclear Medicine

Radiation Therapy

Sonography

Please do not identify the applicant by name on this page.

III. Assessment Table

Please give us your appraisal of the applicant relative to other students by marking the appropriate boxes in the chart below.

	5	4	3	2	1
This student demonstrates outstanding performance in the clinical and/or didactic setting.					
This student is punctual, prepared and attentive.					
This student has an excellent rapport with patients, peers and/or staff.					
This student demonstrates excellent critical-thinking skills.					

FOR OFFICE USE ONLY

IV. Written Evaluation

What separates the applicant from his or her peers as a radiologic sciences student?
Describe why you would want this student to provide care for your friends or relatives.
Use the space below for additional comments concerning the applicant or attach a separate page.

Signature _____

Date _____