



North Carolina Society of Radiologic Technologists, Inc.

Affiliate of the ASRT

The Jane Cox Hendrix Post - Primary Student Scholarship

This scholarship was established to honor the memory of Jane Cox Hendrix. She was an innovative force in the imaging sciences during her career. With the Jane Cox scholarship, the NCSRT, Inc. would like to encourage students to apply for and complete their education in an accredited Radiologic Science Post Primary program. --

Scholarship Instructions

➤ Eligibility

1. Must be **currently** enrolled in an accredited post-primary imaging science program. Eligible programs include computed tomography, magnetic resonance imaging, bone densitometry, breast sonography, cardiac interventional radiography, mammography, quality management, sonography, vascular sonography, vascular interventional radiography, radiologist assistant (RA, RPA), radiation therapy and radiology education or administration.
 - a. **Only individuals with a previous certification or degree in the radiologic sciences are eligible.**
2. Must be a current member of the NCSRT, Inc., and a U.S. citizen, U.S. national or U.S. permanent resident. Individuals with a visitor, student or G-series visa are NOT eligible.
3. Must have a minimum GPA of 3.0 (on a 4.0 scale) or a B average, specifically in their post-primary core curriculum.
4. Must provide evidence of financial need on application form and in the written applicant interview.
5. Previous awardees are eligible to apply; however, applicants are only eligible to win this scholarship twice.

➤ **Required Documents**

1. Completed application (included in this packet). Must be typed or neatly handwritten in dark ink.
2. **Official** Transcript issued from your institution containing the first semester grades for your post-primary imaging science program. Copies or Web printouts are not accepted.
3. Completed evaluation form from your imaging sciences instructor (in a sealed envelope). Recommendation letters will not be accepted as a substitute for the evaluation form.
4. Written applicant interview.

➤ **Directions for Written Applicant Interview**

The applicant interview must be typed on a separate sheet of paper and must not exceed 500 words. Your responses must be double spaced in 12- point font. **Do not write an essay.** Number your responses and answer each of the following questions.

1. What is your reason for entering this imaging science profession?
2. What are your career goals?
3. What is your financial need status?
4. Why should you receive this scholarship? (Can include information on awards, activities, and special circumstances, etc.)

➤ **Application Deadline**

Completed applications for The Jane Cox Hendrix scholarship must be **postmarked** on or before **August 5th** of the scholarship year. Incomplete or late applications will not be reviewed.

Scholarship Instructions

➤ Selection and Notification Process

To safeguard the integrity of the scholarship recipient selection process, the NCSRT, Inc. has formed a review committee. The committee reviews the blinded application materials and makes final recipient recommendations to the Board of Directors.

Applicants are not guaranteed a scholarship, but may reapply the following year if eligible. Recipients only will be notified by mail, no later than three weeks prior to the NCSRT, Inc. Annual Conference

➤ Distribution of Funds

If you are selected to receive this scholarship, the NCSRT, Inc. will present the scholarship funds to you directly at the NCSRT, Inc. Annual Conference, during the Honors Ceremony. You will be notified as to when and where the ceremony will be held. Funds may be used as long as the recipient is continuously enrolled in a radiologic science program. If the recipient changes programs or disenrolls or fails to maintain a 3.0 GPA, funds must be returned to the NCSRT, Inc. by the recipient.

➤ How To Submit Your Application

1. Complete all areas of the application. Your application will receive 0 points for each blank section. If your answer is zero, write in "0" rather than leave it blank.
2. Submit one copy of your required documents (application, official transcript, evaluation form and written application interview) in this packet. If your transcript or evaluation form is sent separately, **you are responsible for insuring it is postmarked by August 5th.**
3. Only one evaluation and one application interview will be reviewed per applicant.
4. Do not submit additional documents; they will not be reviewed.
5. If your required documents are not postmarked by **August 5th**, your application will be disqualified.

Mail packet to:

Uma Sakhare, MPh., RT(R)(M)(MR)
Central Office
PO Box 38
Jamestown, NC 27282



North Carolina Society of Radiologic Technologists, Inc.

Affiliate of the ASRT

Post-Primary Student Scholarship

For office use only:
Application # _____

Application

Application must be typed or handwritten in dark ink. Submit this form with the required documents detailed in the scholarship instructions.

I. Applicant Certification

My signature certifies that I am a U.S. citizen, U.S. national or U.S. permanent resident, that this application contains no misrepresentations or falsifications and that the 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 NCSRT, Inc. Scholarship program. I hereby authorize 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 my documents pertaining to my scholarship application once submitted.

Signature of Applicant

Date

II. Educational Information

1. ___ Mr. ___ Ms. Name _____
Last First MI

2. Mailing Address _____
Number/Street (Apt#) City State/ZIP

3. E-mail _____

4. NCSRT, Inc. Member No. _____ 5. Phone (_____) _____

III. Educational Information

1. Imaging Science Program _____
Name of Institution City/State

2. Program Director/Administrator _____

3. Graduation date _____ 4. Major/Concentration _____
Month/Year

____ Certification program ____ Associated degree program

____ Bachelor's degree program

Application cont.

IV. Financial Information

Give *numeric* answers only; special circumstances affecting your financial need should be included in your interview essay. **Blank spaces** (except No. 2) **will yield 0 review points**. If your answer is zero, write "0".

1. Can your parents claim you as a dependent on their IRS tax return or is your tax status *Married filing jointly*?_____Yes _____No

2. How much did your parents or spouse earn from working (adjusted gross income: wages, salaries, tips, etc.) in the most recent tax year?
Answer this question even if they have not filed a tax return for the most recent year (please estimate)\$_____00

3. How much did you earn from working (adjusted gross income: wages, salaries, tips, etc.) in the most recent tax year?
Answer this question even if you have not filed a tax return for the most recent tax year (please estimate).....\$_____00

4. Approximately how much will the total expenses be to attend your educational program for one academic year (usually the upcoming fall and spring semesters)?
Include tuition, books, on/off-campus room and board, and school related fees.
.....\$_____00

5. Approximately how much will your actual out-of pocket costs be (including loans) to attend your educational program for one academic year? **Cannot exceed answer in No. 4.**\$_____00



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For office use only:
Application # _____

Evaluation Form

To the Applicant:

1. Your medical imaging instructor must complete this form and return it to you in a sealed envelope with his or her signature across the seal.
2. Include the sealed envelope with your scholarship application packet.

To the Evaluator:

1. Thank you for completing this scholarship evaluation form. Your evaluation has a significant impact on the applicant's chances of receiving a scholarship. Blank sections give the applicant an automatic 0 points. A recommendation letter cannot be accepted in lieu of this evaluation form.
2. Please fully complete Parts I-IV of this form. **Print clearly or type.**
3. *Do not use the applicant's name* on the next page of this form since your evaluation must be blinded for review.
4. Provide detailed, pertinent comments, including specific information about the applicant.
5. 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 NCSRT, Inc. Scholarship committee.

I. Evaluator Information

Name _____

Title _____

E-mail _____

Phone _____

II. Imaging Science Program Certification

This certifies that _____ is enrolled in a
Applicant

imaging science program at _____
Name if Institution

Located at _____
Address City State ZIP

The student will graduate from this program in _____
Month/Year



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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.

	Always	Mostly	Sometimes	Never
This student demonstrates outstanding performance in the clinical and/or didactic setting.				
This student has an excellent rapport with patients, peers, and/or staff.				
This student is punctual, prepared and attentive.				
This student demonstrates excellent critical-thinking skills.				
FOR COMMITTEE USE ONLY				

IV. Written Evaluation

What separates the applicant from his or her peers as an imaging 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.

Signature _____ Date _____