



North Carolina Society of Radiologic Technologists, Inc.  
AN AFFILIATE OF THE ASRT

JANE COX HENDRIX SCHOLARSHIP APPLICATION  
(TECHNOLOGIST)

FOR SCHOLARSHIP CONSIDERATION ALL PACKET MATERIALS  
MUST BE SUBMITTED NO LATER THAN JANUARY 15  
AND SENT BY CERTIFIED MAIL TO:

Melissa Jackowski, Ed.D, RT(R)(M)  
109 Tree Farm Lane  
Angier, NC 27501

This scholarship was set up to honor the memory of Jane Cox Hendrix, an especially talented and innovative individual that had a large impact on our profession and the NCSRT, Inc. Hopefully by providing financial assistance it will encourage technologists to continue and broaden their skills in the Radiologic Sciences and encourage participation in building a strong NCSRT, Inc.

### Eligibility

An applicant must be:

1. A current NCSRT, Inc. member and have been a member at least one year prior to application
2. A registered technologist (ARRT)

### Selection Criteria

These factors will be considered in the selection of a recipient:

1. Educational goals
2. Professional involvement
3. Merit
4. Financial Need

All information must be received by JANUARY 15. Scholarship recipients will be announced at the NCSRT, Inc. Annual Conference. Monetary amounts can vary and the Selection Committee will have the option to recommend that all or partial funds not be awarded.

Grade reports will be requested and in the event the recipient fails to complete the course of study with a grade of "C" or better and maintain enrollment in the radiology specialty, they will be required to repay funds over a reasonable period of time and will not be eligible to reapply in the future.

Recipients must also maintain NCSRT, Inc. membership during their course of study.

The following items must be submitted by JANUARY 15.

1. Application form
2. Copy of current NCSRT, Inc. membership card
3. Copy of current ARRT card
4. Completed essay page
5. Two (2) letters of reference, one from a chief technologist, supervisor or registered technologist and one from a radiologist
6. Documentation of professional participation
7. Documentation of curriculum, academic institution you plan on attending, and proposed degree

All information will remain confidential.

I certify that the provided information is accurate to the best of my knowledge. I also agree to repay any awards if I fail to comply with the requirements after receiving the award.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

APPLICATION FORM  
(Print or type)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Year graduated from primary Radiology program: \_\_\_\_\_

Year registered with ARRT: \_\_\_\_\_

Academic Institution: \_\_\_\_\_  
(That you plan to or are attending)

Degree: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Courses completed: \_\_\_\_\_  
(Include transcript of grades)

Professional participation: \_\_\_\_\_  
(Attach additional pages as needed)

Expenses:  
Tuition: \_\_\_\_\_  
Books: \_\_\_\_\_  
Additional expenses: \_\_\_\_\_

## ESSAY SECTION

In 500 words or less discuss your professional goals and the qualities you think are important for a good leader in the Radiology Sciences and a professional society.

Name:

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## REFERENCES

Applicant's name: \_\_\_\_\_

Attention: In order for the applicant to be eligible this completed form must be received by JANUARY 15 and sent to:

Melissa Jackowski, Ed.D, RT(R)(M)  
109 Tree Farm Lane  
Angier, NC 27501

Please evaluate the applicant on quality of work, work ethics, and professionalism, and any information you find pertinent. Please Include professional relationship to applicant.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_