



North Carolina Society of Radiologic Technologists, Inc.

Affiliate of the ASRT

JANE COX HENDRIX SCHOLARSHIP APPLICATION
(STUDENT) --

FOR SCHOLARSHIP CONSIDERATION ALL PACKET MATERIALS
MUST BE SUBMITTED & POSTMARKED NO LATER THAN **August 5th**

SEND BY CERTIFIED MAIL TO:

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

This scholarship was set up to honor the memory of Jane Cox Hendrix, a very special, and innovative individual that had a large impact on the profession and hopefully by providing financial assistance it will encourage students to complete their education in an accredited program of the Radiologic Sciences and become a viable force within the NCSRT, Inc.

Eligibility

An applicant must be:

1. A current NCSRT, Inc. member
2. Enrolled in an accredited Radiology Science Program
 - A. First year students advancing to their second year
 - B. Second year students planning to enroll in a graduate program immediately following current program completion.
These programs would include nuclear medicine, special procedures, radiology education or administration, radiation therapy, or radiologist assistant.

Selection Criteria

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

1. Academic achievement
2. Professional Goals
3. Merit
4. Financial needs

All information must be received by **August 5th**. 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 study with a grade of "C" or better and maintain enrollment in the Radiology Program, 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 remain a NCSRT, Inc. member in good standing.

APPLICATION FORM
(Print or type)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Email address: _____

Program Name and Address _____

Program Director and Phone Number _____

Expected Date of Graduation _____

For Second Year Students: Graduate Program you will be attending;

Expenses:

Tuition _____

Books _____

Living Expenses _____

Special Needs _____

The following items must be submitted by **August 5th**.

1. Application form
2. Copy of current NCSRT, Inc. membership card
3. A recent transcript of your academics
4. Completed essay section
5. Completed program director reference
6. Two (2) letters of reference from a chief technologist, supervisor, clinical instructor, registered technologist or a radiologist.
7. Any additional information that could be helpful in the selection

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_____

ESSAY SECTION

In 500 words or less discuss the characteristics you consider important for a Radiology Science professional, your goals and what you consider vital to maintain a strong professional society.

Name:

PROGRAM DIRECTOR'S REFERENCE

Applicant's Name _____

Please return the following information by **August 5th** and send to:

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

1. Evaluation of student's academic and clinical abilities

2. Any other information you feel is pertinent

Signature _____

Date _____