THE NEW HAMPSHIRE SOCIETY OF RADIOLOGIC TECHNOLOGISTS FRESHMAN SCHOLARSHIP APPLICATION

Please have ***ALL*** parts of this application submitted completely to:

**nhsrtcloud@gmail.com**

BY MARCH 1, 2023

NHSRT

Scholarship Information

The NHSRT awards a maximum of three scholarships annually to deserving first year Radiologic Technology students attending a New Hampshire college recognized by the American Registry of Radiologic Technologists (providing that funds are available). The application, eligibility requirements and selection criteria are attached. The applicant must meet all eligibility requirements in order to be considered.

All completed forms must be emailed to the address on the front of this packet by the deadline.

Upon receiving this application packet, it is the student’s responsibility to distribute the required forms as soon as possible. When all forms and the narrative are completed, they must be forwarded to the NHSRT as indicated above by March 1, 2023. All materials become the property of the NHSRT and will not be disseminated to any individuals, other than the NHSRT Board of Directors for the purpose of discussion in the selection process. The scholarships will be awarded at the NHSRT annual meeting and the recipients ***must attend the annual meeting in-person*** to receive the scholarships.

**PLEASE NOTE: The absolute deadline for receipt of the completed packet is March 1, 2023.**

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**NHSRT SCHOLARSHIP ELIGIBILITY REQUIREMENTS AND CRITERIA**

**ELIGIBILITY REQUIREMENTS:**

1. The applicant must be a student member of the NHSRT.

2. The applicant must be a first year, full time student enrolled in an ARRT approved program in the State of New Hampshire.

3. The applicant must have a Grade Point Average of at least 3.00.

4. The applicant must submit a completed application including a brief narrative describing his/her role as a student radiologic technologist as well as his/her role as a future registered radiologic technologist in the healthcare field.

**CRITERIA:**

1. Academic achievement

2. Clinical performance

3. Financial need

4. Essay Content

Selection of the recipients will be made by a majority vote of the NHSRT Board of Directors, whose decision shall be final.

**NEW HAMPSHIRE SOCIETY OF RADIOLOGIC TECHNOLOGISTS SCHOLARSHIP APPLICATION**

(Please print clearly)

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

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

Applicant Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

College Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Start Date: Month: \_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_

Anticipated Graduation: Month: \_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_

Name of Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Clinic Supervisor/Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature of applicant Date

**Receipt Deadline: March 1, 2023**

**CLINICAL PERFORMANCE RECOMMENDATION FORM**

(To be completed by the applicant’s clinic supervisor/coordinator)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is applying for an NHSRT Scholarship, and hereby authorizes the release of the requested information to the Board of Directors of the NHSRT in order to process this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant Date

Dear clinic supervisor/coordinator:

The NHSRT Board of Directors requests that the above named applicant be evaluated according to the categories listed below**. Please score each section by circling the appropriate number with (1) being low, and (5) being high.**

**I. PATIENT CARE:** Does the applicant provide for the comfort and safety of each patient? Does the applicant explain the procedure to the patient? Does the applicant provide reassurance to patients when necessary? Is the applicant courteous to patients? Does the applicant engage the patient in general conversation during the procedure?

(1) (2) (3) (4) (5)

**II. ATTITUDE/INITIATIVE:** Does the applicant demonstrate the desire to achieve high quality work? Does the applicant receive constructive criticism in a positive manner and show improvement as a result? Does the applicant seek out new responsibilities? Is the applicant self- confident and cooperative with the staff?

1. (2) (3) (4) (5)

**III. COMPREHENSION:** Does the applicant display a level of knowledge commensurate with his/her length in the program? Does the applicant ask intelligent questions and retain information? Is the applicant capable of applying theory to clinical situations?

(1) (2) (3) (4) (5)

**IV. COMPETENCE:** Is the applicant capable of organizing and working in an efficient manner? Is the applicant capable of performing exams precisely within a reasonable time period? Is the applicant capable of evaluating radiographs for errors, etc.? Is the applicant dependable?

(1) (2) (3) (4) (5)

**V. JUDGEMENT:** Does the applicant demonstrate the ability to think clearly, and make sound decisions concerning patient care? Is the applicant capable of tolerating stress? Is the applicant capable of recognizing self-limitations?

(1) (2) (3) (4) (5)

**VI. PROFESSIONAL APPEARANCE:** Does the applicant dress in clean, pressed, regulation uniforms? Are shoes kept clean and polished? Does the applicant maintain good personal hygiene?

1. (2) (3) (4) (5)

Total Score: \_\_\_\_\_\_\_\_

ADDITIONAL COMMENTS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Clinical Supervisor/Coordinator Date

**Submission Deadline to NHSRT March 1, 2023**

**ACADEMIC ACHIEVEMENT RECOMMENDATION FORM**

(To be completed by Program Director or Program Instructor)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is applying for the NHSRT Scholarship, and hereby authorizes the release of the requested information to the Board of Directors of the NHSRT in order to process this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant Date

Dear Program Director/Instructor:

The NHSRT Board of Directors requests that the above named applicant be evaluated according to the categories listed below. **Please score each section by circling the appropriate number with (1) being low, and (5) being high.**

**I. CLASS PREPARATION:** Does the applicant come to class prepared? Are assignments completed on time?

(1) (2) (3) (4) (5)

**II. CLASS PARTICIPATION:** Does the applicant become actively involved in classroom discussions? Do the applicant’s questions stimulate class discussion?

(1) (2) (3) (4) (5)

**III. ACADEMIC PERFORMANCE:** Does the applicant demonstrate a level of knowledge commensurate with his/her abilities? Is the applicant able to rationalize concepts? Does the applicant provide rational answers to questions when called upon? Does the applicant retain subject matter?

1. (2) (3) (4) (5)

**IV. PROFESSIONAL GROWTH:** Does the applicant accept constructive criticism in a positive manner? Does the applicant display academic interest beyond the classroom setting? Is the applicant involved in extra-curricular activities?

1. (2) (3) (4) (5)

Total Score:\_\_\_\_\_\_\_\_

ADDITIONAL COMMENTS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Program Director/Instructor Date

**Submission Deadline to NHSRT March 1, 2023**

**FINANCIAL NEED**

(To be determined by Financial Aid Office at the college)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is applying for a New Hampshire Society of Radiologic Technologists Scholarship, and hereby authorizes the release of the requested information to the Board of Directors of the NHSRT in order to process this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant Date

Dear Financial Aid Officer:

The scholarships offered by the NHSRT have a financial need component in the decision process. Please provide the following information, and return this form to the applicant for inclusion in the application packet.

1. Has the applicant applied for financial aid?
2. Has the applicant received financial aid?
3. Please indicate the dollar amount of unmet financial aid.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Financial Aid Officer Date

**Submission Deadline to NHSRT March 1, 2023**

**ACADEMIC QUALIFICATION**

(To be completed by the Registrar of the college)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is applying for a New Hampshire Society of Radiologic Technologists Scholarship, and hereby authorizes the release of the requested information to the Board of Directors of the NHSRT in order to process this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant Date

Dear Registrar:

The scholarships offered by the NHSRT have an academic grade component in the decision process. Please provide the following information, and return this form to the applicant for inclusion in the application packet.

1. List the applicant’s numerical grade point average on the four point scale:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrar’s seal Signature Date

**Submission Deadline to NHSRT March 1, 2023**