

WASHINGTON SOCIETY OF RADIOLOGIC TECHNOLOGISTS

EXECUTIVE OFFICE

12609 N.W. 20th Avenue Vancouver, Washington 98685 1-800-953-0232 or (360) 574-3040

JOHNNIE LEMAY SCHOLARSHIP APPLICATION GUIDELINES

This form is used to apply for monetary assistance to attend the WSRT Annual Meeting.

This is <u>not</u> the application for the Johnnie LeMay Outstanding Student Award.

The Johnnie LeMay Scholarship Program of WSRT offers three (3) \$100 scholarships annually. The scholarship, which is based on academic excellence and need, is open to any radiology student who plans on attending the WSRT annual conference the following year.

Please include with this application a letter of recommendation from the Radiology Director and a letter of intent stating you career goal(s) and reason(s) for pursuing your career. Also include a copy of your current transcript.

Guidelines:

- Type or print using black ink
- Applicant must be a member of the WSRT
- Applicant must submit a transcript including grades through the last reporting period prior to application period.
- Application, including all required forms and information, must be received by January 31st of current academic year.
- Each applicant may submit no more than one application per year; however, there is no limit to the number of applications that can be submitted per school.
- Recipient(s) required to attend WSRT conference the award year
- Recipient(s) must make arrangements and plan accordingly to attend the conference at specified location for current year

Application Procedure:

- Submit completed application
- Submit a letter of intent (career goals & reason for pursuing a radiology career)
- Submit copy of current transcript
- Submit the letter from Radiology Director in a signed sealed envelope

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Final Selection:

- Selection will be made by the Board of Directors of the WSRT
- Points will be tallied and the student(s) with the most points will receive the award
- Applicant will receive written notification of their award
- Recipients(s) must use the scholarship award as stated in the guidelines



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Johnnie LeMay Scholarship Application

PERSONAL Name: _____ Phone # First Address: ____ City State Zip Birth Date: _____ Gender: Male Female **EDUCATION** Radiology Program of Study: Graduation Year: _____ Cumulative Program GPA: _____ Student ID# _____ WSRT Member: Y N Member #_____ Organization's associated with: **Essay Questions:** 1. What is your reason for entering the radiologic sciences? (*Minimum 150 words*) 2. What are your career goals? (Minimum 150 words) Please complete all sections of this application and return this to the WSRT Executive office postmarked by January 31 of current year. Type or print using black ink. Use N/A if question does not apply. Appearance and completeness will be considered. I certify that the information submitted in this application is true and accurate, to the best of my knowledge. I agree to abide by the decision of the Board in connection with this application. Date Applicant's Signature

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Johnnie LeMay Scholarship Applicant Evaluation Form

Name of Applic	cant:							
	i	Last				First		MI
Application for Johnnie LeMay Scholarship				5 Points				
Copy of current transcript					5 Points			
	GPA	Points		GPA	Points			
	4.0	40		2.9	18			
	3.9	38		2.8	16			
	3.8	36		2.7	14			
	3.7	34		2.6	12			
	3.6	32		2.5	10			
	3.5	30		2.4	8			
	3.4	28		2.3	6			
	3.3	26		2.2	4			
	3.2	24		2.1	2			
	3.1	22		2.0	0			
	3.0	20	G	PA Total	Points			
			0.	111 10001		GPA 7	Γotal Points	
	.	~.						
Letter from	Radiolo	gy Direct	or total ((see evalu	ation form)			
Letter of Ap	plicatio	n (letter o	f intent)				5 Points	
	. 1		,					
Essay Questions	s ~ well	written w	ith caree	er goals an	id reason fo	r career choice	5 Points	
☐ WSRT Mer	nber		Yes:	= 5 points	\square N	fo = 0 points		
						_		
□ N			الصامات					
Number of		ition's ass h organiza		with:				
2 points	, 101 cac	ii oi gaiiiza	111011					
							Total:	

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For WSRT use only:	
Application #	

Johnnie LeMay Scholarship Recommendation Radiology Director Evaluation Form

Name	of Applicant:	First		
1.		First rson is applying for the WSRT John		=
2.	impact on the applica an automatic zero poi	eting this scholarship evaluation for nt's chances of receiving a scholars ints. etter cannot be accepted in lieu of the	ship. Blank sections	•
4.		inent comments, including specific		he applicant.
5.		ant's name on page two of this form		
6.		nvelope and sign your name across valuation form once it has been sub-		
Applic	cant is responsible for submiss	ion of all required forms to WSRT	by the designated da	ites.
I Fw	alustor Information : Comp	lete (type or print in black ink) and	return to applicant	
1. <u>127</u>	comp.	ete (type of print in black tilk) and	return to applicant.	
Name	·			
Title:				
E-mai	l:	Pho	ne:	
II. <u>R</u> a	adiologic Science Program C	ertification:		
This c	ertifies that			is enrolled
		Applicant		
in a ra	diologic science program at _			
		Name of Instit	tution	
locate	d at			
	Address	City	State	Zip
The st	udent will graduate from this	orogram in		
50	6 v j	<i></i>	Month/Year	·



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

For WSRT use only:
Application #

Date: _____

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
Student demonstrates outstanding performance in the clinical and/or didactic setting.				
Student is punctual, prepared and attentive.				
Student has an excellent rapport with patients, peers and/or staff.				
Student demonstrates excellent critical-thinking skills.				
WSRT BOD 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.

Please print, sign and return this form to the applicant in a sealed envelope.

Signature: