



# West Virginia Society of Radiologic Technologists

Affiliate of the American Society of Radiologic Technology

## Student Excellence Award

**Purpose:** The purpose of the West Virginia Society of Radiologic Technology (WVSRT) Student Excellence Award is to provide financial assistance to one student enrolled in each accredited radiography program in West Virginia. The WVSRT desires to provide students with the opportunity and incentive to continue their education in an accredited radiologic science program.

**Eligibility:** To be eligible to receive the WVSRT Student Excellence Award, the student must:

1. Demonstrate enrollment in one of the two types of accredited entry-level radiologic science programs:
  - WV certificate or Associate's degree program: the student must currently be enrolled in the final semester of the freshman year
  - WV Bachelor's degree program : the student must currently be enrolled in the final semester of the second year
2. Hold the highest cumulative grade point average in his/her respective class

**Required Documents:** The following documents must be returned to the WVSRT Membership Secretary/Treasurer:

1. Completed application form
2. Official transcript from the accredited radiologic science program director

**Deadline:** The WVSRT Membership Secretary/Treasurer will notify the program director of each accredited radiologic technology program by May 15<sup>th</sup> to submit the completed transcript. Each program director must submit the completed transcript to the WVSRT Membership Secretary/Treasurer on or before May 31<sup>st</sup>.

**Distribution of Award:** The Student Excellence Award recipients will receive the scholarship awards via certified mail after June 1<sup>st</sup>, but no later than June 15.

**Scholarship Amount:** A maximum of \$250.00 will be awarded annually to one student from each of the accredited radiologic science programs in WV, based on availability of funds.



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**Student Excellence Award**

To be completed by the Program Director

**I. Student Information**

1. Name \_\_\_\_\_  
*Last First Middle*
2. Mailing Address \_\_\_\_\_  
*Number/Street (Apt#) City State/Zip Code*
3. E-Mail Address \_\_\_\_\_
4. Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

**II. Educational Information**

1. Radiologic Science Program \_\_\_\_\_
2. Program Director \_\_\_\_\_

Please return this form and the completed transcript to:

United Hospital Center  
School of Radiologic Technology  
Micah Ford  
327 Medical Park Drive  
Bridgeport, WV 26330