

West Virginia Society of Radiologic Technology

Affiliate of the American Society of Radiologic
Technology



The West Virginia Society of Radiologic Technology Student Scholarship

Purpose: The purpose of the West Virginia Society of Radiologic Technology (WVSRT) student scholarship is to provide financial assistance to students enrolled in an accredited program of radiography. The society desires to provide students with the opportunity and incentive to complete their education in an accredited radiologic science program.

Eligibility: To be eligible to apply and receive the WVSRT student scholarship, students must

- be a current ASRT member – join at www.asrt.org
- be a current WVSRT member – join at www.wvsrt.com
- be a U.S. citizen, U.S. national or U.S. permanent resident. Individuals with a visitor, student or G-series visa are **NOT** eligible.
- demonstrate enrollment in one of the three types of accredited entry-level radiologic science programs:
 1. WV certificate or associate's degree program: the student must currently be enrolled in the final semester of the freshman year
 2. WV bachelor's degree program: the student must currently be enrolled in the final semester of the second or first semester of the third year
 3. WV accelerated associate degree program: the student must have completed one full semester and be currently enrolled in upcoming semester of the program
- maintain a minimum GPA of 3.0 (on a 4.0 scale) or a B average, in the radiologic science core curriculum including didactic and clinical components.
- provide evidence of financial need on the application form and in the written applicant interview.

Required Documents: The following documents must be completed and returned to the scholarship committee:

1. Completed application (included in this packet). Must be electronically or black ink printed.
2. **Official** complete transcript of didactic and clinical grades submitted from the accredited radiologic science program. Copies and Web printouts will not be accepted.
3. Completed evaluation from the director of the radiologic science program currently attending. A recommendation letter will not be accepted as a substitute for the evaluation form.
4. Applicant essay.
5. ASRT membership number.
6. Copy of WVSRT membership card.

Directions for Applicant Essay: The applicant essay must be electronically or black ink printed, 500 words or less. (12-point font, double spaced)

The essay must include answers to the following questions:

1. What is your reason for entering the radiologic science profession?
2. What are your career goals?
3. What is your financial need status?
4. Why should you receive the WVSRT scholarship? Information regarding awards, activities and special circumstances etc. may be included.

Application Deadline:

1. Certificate or associate's degree programs:
 - a. student must apply by May 1st of the first year
2. Bachelor's degree programs:
 - a. student must apply by May 1st of the second or third year
3. Accelerated associate degree programs:
 - a. student must apply by May 1st after completion of at least one full semester of the program

Completed application for the WVSRT scholarship must be postmarked on or before May 1st. Incomplete or late applications will not be reviewed.

Award Selection and Notification Process:

In an effort to safeguard the integrity of the scholarship recipient selection process, the WVSRT president shall appoint three (3) individuals on a yearly basis to serve on the selection committee. The individuals must be members of the ASRT and WVSRT with no affiliation to any educational program and/or applicant.

The committee members will review the blinded application materials and determine the award recipient by May 30th, based on the submitted materials.

A maximum of \$ 1,000.00 will be awarded annually based on availability of funds.

Applicants not granted a scholarship may reapply the following year, if eligibility requirements are met and there is at least one full semester remaining before program completion.

The committee has the option to recommend all or part of the scholarship not be awarded.

Distribution of Award:

The scholarship recipient will be notified via email or phone communication after May 30th. The award will be distributed over a 2-semester time frame. One half of the award will be given the first semester following notification. If the student maintains eligibility requirements, the second half of the award will be given the second semester following notification. It is the student's responsibility to request enrollment status and GPA be sent to the committee by his/her program director and to submit current ASRT and WVSRT membership status to receive the second half of the award.

Application Submission Process:

1. Complete all areas of the application. Zero points will be awarded for each blank section. If your answer is zero, write in "0" rather than leave it blank.
2. Submit one (1) copy of the required document (application, official transcript, evaluation form, WVSRT membership card, ASRT membership number and essay) provided in this packet. All information must be postmarked by May 1st.
If the transcript or evaluation form is sent separately, you are responsible for ensuring it is postmarked by May 1st.
3. Only one (1) evaluation and one (1) essay will be reviewed per applicant.
4. Do not submit additional documents, they will not be reviewed.
5. If the required documents are not postmarked by May 1st, the applicant will be disqualified.

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Student Scholarship Application

For Office Use Only: Application # _____

I. Applicant Certification

My signature certifies that I am a U.S. citizen, U.S. national or U.S. permanent resident, that this application contains no misrepresentations or falsifications and the information provided is true and correct to the best of my knowledge. I understand that any false statements made herein will void this application and I will be ineligible for support from the WVSRT scholarship program. I hereby authorize release of all information contained in this application packet as may be required to determine my eligibility for a scholarship. I hereby waive my rights to review my documents pertaining to my scholarship application once submitted.

Signature of Applicant

Date

II. Personal Information

1. _____ Mr. _____ Ms. 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. _____

5. ASRT Member No. _____

III. Educational Information

1. Radiologic Science Program _____
Name of Institute

2. Program Director _____

3. Expected Graduation Date _____

4. Type of Institute _____ Certificate Program
 _____ Associate Degree Program
 _____ Bachelor's Degree Program
 _____ Accelerated Associate Degree Program

Student Scholarship Application *cont'd*

Please give numeric answers only; special circumstances affecting our financial need should be included in your essay. Blank spaces (except #2) will yield 0 review points. If your answer is zero, write "0".

1. Can your parents claim you as a dependent on their IRS tax return or is your tax status *Married filing jointly*?..... ☐ Yes ☐ No

2. How much did your parents or spouse earn from working (adjusted gross income: wages, salaries, tips, etc.) in the most recent tax year?
Answer this question even if they have not filed a tax return for the most recent year (please estimate)..... \$_____.00

3. How much did you earn from working (adjusted gross income: wages, salaries, tips, Etc.) in the most recent tax year?
Answer this question even if you have not filed a tax return for the most recent year (please estimate)..... \$_____.00

4. Approximately how much will the total expenses be to attend your educational program for one academic year (usually the upcoming fall and spring semesters)?
Include tuition, books, on/off campus room and board, and school related fees.
..... \$_____.00

5. Approximately how much will your actual out-of-pocket cost be (including loans) to attend your educational program for one academic year?
Cannot exceed answer in #4.....\$_____.00

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Evaluation Form

For Office Use Only: Application # _____

To the Applicant:

1. The director of your radiologic science program must complete this form and return it to you in a sealed envelope with his or her signature across the seal.
2. Include the sealed envelope with your scholarship application information.

To the Evaluator:

1. Thank you for completing this scholarship evaluation form. Your evaluation has a significant impact on the applicant's chance of receiving a scholarship. Blank sections give the applicant an automatic 0-point value.
A recommendation letter cannot be accepted in lieu of this evaluation form.
2. Please fully complete Parts I-IV for this form. **Clearly print or type.**
3. *Do not use the applicant's name* on the next page of this form, since your evaluation must be blinded for review.
4. Provide detailed, pertinent comments, including specific information about the applicant.
5. Seal this form in an envelope and sign your name across the seal. The applicant has waived the right to review this evaluation form once it has been submitted to the WVSRT scholarship committee.

I. Evaluator Information

1. _____
2. E-mail address _____
3. Phone Number _____

II. Radiologic Science Program Certification

1. Applicant's Name: _____
2. Name of Radiologic Science Program: _____
3. Address of Radiologic Science Program: _____

4. Length of time applicant enrolled in program _____
5. Expected graduation date: _____

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Evaluation Form cont'd

For Office Use Only: Application # _____

Please do not identify the applicant by name on this page

III. Assessment Table

Please provide appraisal of the applicant relative to other students by marking the appropriate boxes in the chart.

The applicant:	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Rarely</i>
Demonstrates outstanding performance in the didactic setting				
Demonstrates outstanding performance in the clinical setting				
Has excellent rapport with patients, peers, instructors, technologists and radiologists				
Is punctual, attentive and prepared				
Demonstrates excellent critical thinking skills				
Demonstrates enthusiasm for the profession of radiology and a desire to become involved in his/her professional society(ies)				
FOR COMMITTEE USE ONLY				

IV. Written Evaluation

What separates the applicant from his or her peers as a radiologic science student?

Describe why you would want this student to provide care for your friends and/or relatives?

Use the space below for additional comments concerning the applicant.

SCHOLARSHIP APPLICANT ESSAY JUDGING FORM

The applicant's essay must be electronically (12-point font, double spaced) or black ink printed, 500 words or less.

The essay must include answers to the following questions:

1. What is your reason for entering the radiologic science profession?
2. What are your career goals?
3. What is your financial need status?
4. Why should you receive the WVSRT scholarship?

Information regarding awards, activities and special circumstances etc. may be included.

Judging Procedure:

1. Independently review each applicant statement and complete the Scholarship Applicant Essay Judging Form
2. Half points may be used when scoring answers to the applicant's questions.
3. After scoring all statements, return all judging forms to the WVSRT president
4. All judges are responsible for submitting scores in a timely manner.
5. Judges must maintain confidentiality of scoring.

Please score the applicant's essay according to the scale below:

Category	Points Awarded
Neatness (5 points)	
Spelling (5 points)	
Grammar (10 points)	
Cohesion of thought (15 points)	
Comprehensiveness of answers to questions above (15 points)	

Total Possible Points = 50

Total Points Awarded _____

Comments:

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Signature of Judge: