



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 not 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 your 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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For WSRT use only:

Application # _____

**Johnnie LeMay Scholarship Recommendation
Radiology Director Evaluation Form**

Name of Applicant: _____

Last

First

MI

1. The above named person is applying for the WSRT Johnnie LeMay Scholarship.
2. Thank you for completing this scholarship evaluation form. Your evaluation has a significant impact on the applicant's chances of receiving a scholarship. Blank sections give the applicant an automatic zero points.
3. A recommendation letter cannot be accepted in lieu of this evaluation form.
4. Provide detailed, pertinent comments, including specific information about the applicant.
5. *Do not use the applicant's name* on page two of this form since your evaluation must be blinded for review.
6. 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 WSRT executive office.

Applicant is responsible for submission of all required forms to WSRT by the designated dates.

I. Evaluator Information: Complete (*type or print in black ink*) and return to applicant.

Name: _____

Title: _____

E-mail: _____ Phone: _____

II. Radiologic Science Program Certification:

This certifies that _____ is enrolled
Applicant

in a radiologic science program at _____
Name of Institution

located at _____
Address City State Zip

The student will graduate from this program in _____
Month/Year



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

For WSRT use only:

Application # _____

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.

Signature: _____ Date: _____

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