

THE MSRT STUDENT SCHOLARSHIP

ORIGIN: Established by the MSRT in 1976

PURPOSE: To provide a means of financial assistance to the worthy second year student of the Radiologic sciences.

AMOUNT: \$500.00 per recipient

Eligibility Requirements:

- Applicant must be enrolled in an ARRT/JCERT recognized program for the Radiologic Sciences located within the State of Michigan.
- Applicant must have successfully completed the first two (2) semesters, or the first half of the approved program.
- The applicant must have maintained a 2.5 GPA or higher while in this approved program.
- Applicant must be able to demonstrate a need for financial assistance.
- Applicant must be a student member of the MSRT.

USE OF SCHOLARSHIP FUNDS:

- Tuition expenses incurred during enrollment in the approved program.
- Books, uniforms, and other appropriate materials required for completion of the approved program.
- Transportation, and/or housing expenses associated with the approved educational program.
- Any other expense as deemed appropriate by the MSRT Scholarship Committee and approved by the MSRT Executive Committee.

TO MAKE APPLICATION:

- Application is made through the MSRT Scholarship Committee.
- All applicants must complete General Information Form.
- All applicants must complete the Financial Statement.
- All applicants must provide a Statement of Intent of Scholarship.
- Provide transcript of High School and/or College Grades.
- Recommendation from the Director of the approved program.
- Be prepared to interview with the Chairperson of the MSRT Scholarship Committee upon request.

PROCESS OF AWARDING SCHOLARSHIP:

- Awarding of the scholarship will follow the routine set by the MSRT Scholarship Committee as approved by the MSRT Board of Directors.
- All applications will be reviewed by the MSRT Scholarship Committee, and upon approval, presented to the MSRT Executive

MSRT Student Scholarship (Continued)

Board by the Committee Chairperson for approval.

- Approval must be by a majority of the Executive Board, and the Chairperson of the Scholarship Committee.
- The Scholarship Committee Chairperson will notify recipients and the scholarship awarded as approved by the Board of Directors.

All information submitted for consideration is to be recognized as confidential in nature and is to be protected as such by all individuals participating in this process.

The MSRT STUDENT SCHOLARSHIP APPLICATION

Available only to second year students of the Radiologic Sciences.

INSTRUCTIONS:

- Applications must be completed in full and submitted prior to the MSRT Annual Meeting to be eligible for financial consideration for the MSRT fiscal year of October 1 through September 30 following that Annual Meeting.
- Please print or type all information requested.
- A copy of the applicant's high school and/or college transcript must accompany application.
- A letter of recommendation of the Director of the approved Radiologic science program must accompany application.
- A letter of intent from the applicant for the scholarship funds must accompany application.
- A financial disclosure must accompany application.
- All required documentation must be provided before the MSRT Scholarship Committee will begin processing of the application.
- Return all completed documentation to:

V. Kay Williams, BS, RT (R)(ARRT)
Chairperson, MSRT Scholarship Committee
1924 Crabtree Lane
Jenison, MI 49428

Scholarship Committee Check List:

1. Completed Application _____
2. Completed Letter of Intent _____
3. Proof of Enrollment in Approved Program _____
4. Transcripts _____
5. Recommendation of Program Director _____
6. Proof of MSRT membership _____

Approved_____ Not approved for recommendation to MSRT Executive Committee and/or the Board of Directors for Award.

(Signature of Scholarship Committee Chairperson)

(Date)

MSRT Student Scholarship Application

Part I General Information

(Applicants Last Name)

(First Name)

(MI)

(Number and Street)

(City)

(State)

(Zip)

Home Phone (____) _____ Work (____) _____

Permanent Mailing Address and Phone number if different than above:

(Number and Street)

(City)

(State)

(Zip)

Phone (____) _____

Are you a current student member of the MSRT? _____

Name of the Program in which you are currently enrolled

Name and Address of Program Director:

Year of Study: 1st _____ 2nd _____ Expected Graduation Date _____

MSRT Student Scholarship Application

Part II Financial Information

List all forms of financial aid applied for, including VA, Social Security Benefits, Grants, other Scholarships. Include amounts if known:

- | | |
|----------|----------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| 4. _____ | \$ _____ |

Student Expenses (for projected year of enrollment):

- | | |
|---|-----------------|
| 1. Tuition, fees, books, supplies | \$ _____ |
| 2. Rent, housing costs | \$ _____ |
| 3. Clothing, laundry costs, etc. | \$ _____ |
| 4. Transportation to class | \$ _____ |
| 5. Other (itemize on separate sheet of paper) | \$ _____ |
| 6. <i>Total Expenses</i> | \$ _____ |

Student's Financial Resources (annual)

- | | |
|---|-----------------|
| 1. Wages, tips, salaries, etc. | \$ _____ |
| 2. Adjusted gross income (1040) last year | \$ _____ |
| 3. Grants, scholarships, loans awarded | \$ _____ |
| 4. Parental Assistance | \$ _____ |
| 5. Social Security Educational Benefits | \$ _____ |
| 6. VA/GI Bill or other educational benefits | \$ _____ |
| 7. Other Income (specify on separate sheet) | \$ _____ |
| 8. Less Federal Taxes Paid | \$ _____ |
| 9. Less State and Local Taxes Paid | \$ _____ |
| 10. <u>Total available financial resources</u> | \$ _____ |

I hereby declare that all information listed above is true to the best of my knowledge. I also understand that falsification of any of the above information will result in the cancellation of my scholarship eligibility.

(Signature of Applicant)

(Date)