

WSRT EDUCATIONAL GRANT/SCHOLARSHIP APPLICATION

NAME: _____

DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MARRIED: _____ YES _____ NO CHILDREN: _____ YES _____ NO

If yes to either married and/or children please tell us the name of your spouse and the ages of your children:

Radiography Program (currently attending or recent graduate of within the last 5 months):

Student: _____ Date of Graduation: _____

Technologist: _____ Registry Number: _____

Applicant's Monthly Income: _____ Source: _____

Spouse's Monthly Income: _____ Source: _____

Current grants and scholarships being received:

Expenses:

Rent/Mortgage: _____/Month Food: _____/Month

Utilities: _____/Month Vehicles: _____/Month

Tuition/Books/Fees: _____/Month

Miscellaneous Expenses (i.e. loans, credit cards, child care, etc.):

Comments: (Anything you feel is relevant to your application)

Please answer the following questions in essay format:
Briefly outline your need for a WSRT Education Grant, why you feel you are an eligible candidate, and what your intended use for the award money will probably be?

Describe something that you have achieved in the field or in your studies thus far which you are especially proud. Explain why you are proud of this achievement. What professional goals do you have for the next five (5) years? How do you feel the WSRT can help its members achieve their goals?

**WYOMING SOCIETY OF RADIOLOGIC TECHNOLOGISTS
EDUCATIONAL GRANT REFERENCE FORM**

NAME OF APPLICANT: _____

APPLICATION FOR: _____ **WSRT Education Grant**

_____ **Mickey Patch Scholarship**

Please rate the applicant in the categories below, answering as honestly as possible in order to allow the education committee to select the most qualified recipients. Selection on a competitive basis, so your input is very valuable to us. All answers are kept strictly confidential, and are shared only with the WSRT Grant Selection Committee. After completing the form, place in a sealed envelope, sign your name over the seal, and mail it to the WSRT Education Chairman by _____.

Please circle the rating which best describes the applicant's abilities in each area with 5 being the highest rating possible.

Initiative	1	2	3	4	5
Follows through	1	2	3	4	5
Motivation level	1	2	3	4	5
Overall work ethic	1	2	3	4	5
Professionalism	1	2	3	4	5
Degree to which candidate positively Represents the profession	1	2	3	4	5
Would you recommend this candidate?	1	2	3	4	5

Please tell us in the space provided below why you feel the applicant is deserving of an educational grant for the WSRT?

Signature: _____ **Date:** _____

Capacity in which you know/knew the applicant:

Thank you for your time and assistance. The information you have provided will (hopefully) help make our selection easier!

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