



Lambda Nu

Student Scholarship Application

Application must be typed or printed in dark ink.

I. Applicant Attestation

My signature certifies that all information provided is true and accurate and contains no misrepresentation falsifications.

Signature of Applicant

Date

II. Personal Information

Name Last First MI

Mailing Address Number/Street (Apt. #) City State/ZIP

E-mail Address

III. Educational Information

Program Name of Institution City/State

Lambda Nu Chapter Induction Date (Ex: Arkansas Alpha) (Date on your certificate)

Program Director Name

Graduation Date Major/Concentration

Certificate Program Associate Degree Program Baccalaureate Degree Program

IV. Financial Information

Give numeric answers only. Special circumstances affecting your financial need should be included in your essay. Blank spaces will yield 0 review points. If your answer is zero, write "0".

1. How much per school year does your family support you? \$.00

2. How much did you earn from working (adjusted gross income) in the most recent tax year? \$.00

3. Approximately how much will the total expenses be to attend your educational program for one academic year? (Tuition, books, clinic travel, uniforms...) \$.00

4. Approximately how much will your actual out-of-pocket costs be to attend your educational program for one academic year? Do not include expenses covered by scholarships, grants or tuition reimbursement. Cannot exceed answer to No. 3 \$.00

Lambda Nu

Student Scholarship Directions

Student Name: _____

Section 1: Essay

On a separate sheet of paper attach a typed essay addressing the following questions:

1. What made you choose the field of Medical Imaging and Radiologic Sciences?
2. What are your career goals?
3. How will this scholarship help you meet those goals?
4. What is your financial need?

Section 2: Evaluation by Program Director

Using the appropriate form, have your program director evaluate your performance as a student. Your program director must include your program GPA and overall GPA. This should be sealed in an envelope and signed across the back by the evaluator. Your Program Director **MUST** sign the letter of recommendation or you will be disqualified from the scholarship process.

Submit all documents in one packet to:

**Lambda Nu Scholarship Committee
P.O. Box 910
State University, AR 72467**

All applications must be postmarked no later than OCTOBER 15, 2010

Lambda Nu Student Scholarship Program Director Questionnaire

Student Name: _____

1. Assessment Table

On the table below please share with the committee your opinions regarding the above named student.

Criteria	Always	Mostly	Sometimes	Never
This student demonstrates outstanding performance in the clinical and/or didactic setting.				
This student is punctual, prepared and attentive.				
This student has an excellent rapport with patients, peers and/or staff.				
This student demonstrates excellent critical thinking skills.				

2. Student GPA

Program GPA _____ Overall GPA _____

3. Membership

Date student was admitted into radiation science program:

Date student was **inducted** into Lambda Nu:

4. On a separate piece of paper, please enclose a letter addressing the following regarding the student. The attached letter ***MUST*** be signed by the Program Director.

Describe the applicant's distinguishing talents or strengths that uniquely qualify him or her for this scholarship.

Describe how the applicant contributes to the profession.

Program Director Name (Printed) _____

Program Director Signature _____

Date _____