



Alabama Society of Radiologic Technologists

Ralph LeCroy/Ann Watson Memorial Scholarship Guidelines

Introduction

In recognition of their contributions to radiologic technology in Alabama, the Board of Directors of the Alabama Society of Radiologic Technologists (ALSRT) established the “Ralph LeCroy/Ann Watson Memorial Scholarship.” Additionally, the Board has established the “Ralph LeCroy/Ann Watson Memorial Scholarship Endowment Fund” to assist in funding this award.

Purpose

1. To recognize and honor the contributions made by Mr. Ralph LeCroy and Mrs. Ann Watson to the Alabama Society of Radiologic Technologists.
2. To provide financial assistance to deserving students enrolled in the study of radiologic sciences.
3. To promote and support educational excellence and opportunity.

Scholarship Guidelines

1. The endowment fund is established for the purpose of receiving tax exempt contributions from members, supporters, and vendors to support the scholarship award.
2. The amount of the scholarship award is determined annually by the ALSRT Board of Directors, but will not exceed \$1,000 annually. The Board may choose to not award the scholarship during a given year.
3. Scholarship applications must be postmarked by **February 15th**. Winner will be notified and scholarship awarded at the ALSRT annual meeting. Late or incomplete application packets will not be reviewed.
4. The Board of Directors of the Alabama Society of Radiologic Technologists will appoint a scholarship committee consisting of, at a minimum, 3 members. This committee will select the scholarship recipient based on published criteria. Application and supporting documents for each applicant will be evaluated by each committee member, with a score assigned to each application. The applicant with the highest overall score will be declared the scholarship recipient. Names of applicants will not be included on documents reviewed by the Scholarship Committee as this is a blinded review process.
5. It is the expectation of the ALSRT Board of Directors that the scholarship recipient will attend and be recognized at the award ceremony/ business meeting during the next annual ALSRT conference.
6. If a scholarship applicant disenrolls from the radiologic sciences program after application but prior to scholarship award, they must notify ALSRT immediately to withdraw their application.

Eligibility

1. Must be currently enrolled in an accredited entry-level radiologic science program in Alabama. Individuals with a previous certificate or degree in the radiologic sciences are ineligible.
2. Must be an ALSRT member in good standing at time of application.

3. Must have a minimum GPA of 3.0 (on a 4.0 scale) in the radiologic sciences core curriculum. A minimum of 12 hours of the radiologic sciences core curriculum must have been completed.
4. Must submit completed application packet along with supporting documentation, postmarked by **February 15th** .

Required Documents

1. Completed application, which must be typed.
2. Copy of ALSRT student membership card.
3. Official transcript issued from your institution containing, at a minimum, one term of grades for your entry-level radiologic sciences program. Copies or web printouts will not be accepted. The transcript must be submitted in a sealed envelope with signature of school official across seal.
4. Completed *Written Applicant Interview Form*, which must be typed.
5. Completed *Program Official Evaluation Form* from a program official employed by the school, submitted in a sealed envelope with program official signature across seal.

Directions for Written Applicant Interview

The *Written Applicant Interview* must be typed on a separate sheet of paper and submitted with the scholarship application. Responses must be double spaced in 12-point font. Number your responses and answer each of the following questions:

1. What is your reason for entering the radiologic sciences?
2. What are your career goals?
3. Describe traits and characteristics you feel you possess that will contribute to the advancement of the profession.
4. Why should you receive this scholarship? (Can include information regarding awards, activities, special circumstances, etc.)

Directions for Program Official Evaluation

The *Program Official Evaluation* must be completed by a program official employed by the program. In addition to the two-page form, program officials are asked to respond to three specific questions. Please number your responses. The name of scholarship applicant must be included only on the first page of the form, since other pages will be blinded for review by the Scholarship Committee.

1. Describe how this student demonstrates professionalism.
2. Describe why you would want this student to provide care for your friends or relatives.
3. Why does this student stand out amongst their peers?

Alabama Society of Radiologic Technologists



Ralph LeCroy/Ann Watson Memorial Scholarship Application Form

- Submit your completed application packet by **February 15th** deadline to Education Delegate: **Ashley Long, 2609 8th Ave. NW, Fayette, AL 35555**
- Should you have questions, contact us at www.alsrt@yahoo.com

| | | | |
|----------------------------|---------|---------------|---------|
| Last Name | First | | |
| Street Address | Apt | | |
| City | St | Zip | |
| Home Phone | () | Work/ Cell | () |
| Email Address | | | |
| Radiography Program Name | | | |
| Program Street Address | | | |
| Program City | | Zip | |
| Month & Year Program Start | | | |
| Month & Year Of Graduation | | | |

| Student Checklist | Criteria That Must Be Met | ALSRT Checklist |
|--|---|-----------------|
| <input type="checkbox"/> Enclosed? | Student must submit completed Scholarship Application Form. | |
| <input type="checkbox"/> Provide copy of membership card | Student should be member in good standing of ALSRT at time of scholarship application. | |
| <input type="checkbox"/> Verified ? | Student should be currently enrolled in an accredited entry-level radiologic sciences program in Alabama. | |
| <input type="checkbox"/> Official transcript enclosed? | Student must have a minimum GPA of 3.0 in the Radiologic Sciences program in which they are enrolled. Radiologic Sciences GPA will be calculated from official transcript submitted in a sealed envelope. | |
| <input type="checkbox"/> Enclosed? | Student must submit a completed <i>Written Applicant Interview Form</i> | |
| <input type="checkbox"/> Enclosed? | Student must submit a completed <i>Program Official Evaluation Form</i> , completed by program official employed by the school, in a sealed envelope. | |
| <input type="checkbox"/> Deadline met? | Deadline must be postmarked by February 15 | |
| <input type="checkbox"/> Understood? | Student representative will be selected by the ALSRT Scholarship Committee with award notification by April 1 st . | |
| <input type="checkbox"/> Understood? | It is the ALSRT Board of Director's expectation that recipient will be present at the next Annual Conference Award Ceremony to be recognized by membership. | |

Signature _____ Date _____

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Program Official Evaluation Form

To the Applicant

1. Your radiologic science program official (program director, clinical coordinator, or other official employed by the 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 packet.

To the Evaluator

1. Thank you for completing this scholarship evaluation form. Your evaluation adds valuable information that will be used by the ALSRT Scholarship Committee to select a recipient. Please complete both pages of this form plus a separate page that addresses specific questions as outlined.
2. Please print clearly or type
3. The applicants name should only be included on this page of the form since all other pages must be blinded for review.
4. Seal these forms (including separate page added in response to specific questions) in an envelope and sign your name across the seal. The applicant waives the right to review this evaluation form once it has been submitted to ALSRT.
5. Should you have questions, contact us at www.alsrt@yahoo.com

Evaluator Information

Name: _____

Title: _____

Email _____

Phone _____

Radiologic Science Program Certification

This certifies that _____ is enrolled
Applicant

in a radiologic sciences program at _____
Name of Institution

Located at _____
Address, City, State, Zip

The student started this program in _____
Month/ Year

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

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Program Official Evaluation Form

Please assess the applicant relative to other students by marking the appropriate boxes in the chart below. Do NOT identify applicant by name on this form, as they will be blinded for review.

| | Always | Most of the time | Rarely |
|---|--------|------------------|--------|
| This student demonstrates outstanding performance in the clinical setting. | | | |
| This student has an excellent rapport with patients, peers, staff and faculty. | | | |
| This student demonstrates a commitment to providing patient care that is respectful and compassionate. | | | |
| This student demonstrates a genuine interest in learning. | | | |
| This student demonstrates outstanding critical thinking skills; Makes wise decisions. | | | |
| This student demonstrates excellent communication skills. Messages are clear and professional. | | | |
| This student uses time wisely; seeks out opportunities to gain experience. | | | |
| This student adheres to the policies and procedures set forth by this program. | | | |
| This student seeks constructive criticism, coaching and feedback, then changes behavior as a result of what is learned. | | | |
| This student demonstrates teamwork and cooperation. Has a positive influence on the work environment. | | | |

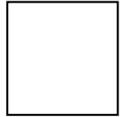
Written Evaluation:

On a separate page, evaluate the applicant by responding to each of the statements below . Do NOT identify applicant by name.

1. Describe how this student demonstrates professionalism.
2. Describe why you would want this student to provide care for your friends or relatives.
3. Why does this student stand out amongst their peers?

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Scholarship Committee Summary Assessment

| | Max points Possible | Points Earned |
|---|---------------------------|------------------|
| Radiography GPA _____ x 5 (15 – 20 points possible) | 20 | |
| <i>Written Applicant Interview</i> <ul style="list-style-type: none"> • Evaluation of responses to four (4) questions; scored based on rubric (0 - 30 points possible) | 30 | |
| <i>Program Official Evaluation Form</i> <ul style="list-style-type: none"> • Evaluation using table (0-5 points possible) _____ • Evaluation of responses to three (3) questions; scored based on rubric (0 – 20 points possible) _____ | 25 | |
| Total | 75 | |

Note: Written Applicant Interview should be scored using rubric prior to review of Radiography GPA and Program Official Evaluation Form.

ALSRT Scholarship Committee Member (Printed)

ALSRT Scholarship Committee Member (Signature)

Date