

NDSRT CLARA B. SANGER SCHOLARSHIP

Each year, the NDSRT awards one \$100 scholarship, given in memory of Clara B. Sanger, a former educator and Life Member of the NDSRT. The scholarship recipient is selected from submitted applications, with the acknowledgement that the funds be used for academic expenses incurred while pursuing education or professional development in the field of radiologic technology.

CRITERIA

Applicants must

1. Meet **one** of the following:
 - a. Be enrolled in an accredited radiology program affiliated with a North Dakota educational institution or program.
 - b. Be a resident of North Dakota.
 - c. Be an employee within the field of radiology in the state of North Dakota.
2. Be a current member in good standing of the NDSRT.
3. Provide two letters of reference.

SELECTION

The selection of the scholarship recipient will be made solely by the NDSRT Board of Directors or by a committee designated by the Board. The decision will be based upon the applicant's educational plans, academic history, and need.

The NDSRT Board of Directors reserves the right to not award this scholarship in any given year.

The NDSRT Board of Directors will not discriminate against applicants because of race, creed, age, national origin, or gender as set forth in laws of the United States.

Members of the NDSRT Board of Directors are ineligible for the scholarship.

The recipient will be notified via mail. The recipient's name will be announced during the NDSRT annual conference held each spring. The recipient need not be present at the conference for receipt of scholarship funds.

DEADLINE

Applications, including letters of reference, must be submitted by March 1 prior to the NDSRT annual conference. Applications must be submitted to the NDSRT Secretary. Please see ndsrt.org for current Secretary contact information.

CLARA B. SANGER SCHOLARSHIP APPLICATION

Date: _____

Name: _____

Permanent Address: _____

Current Address: _____

Home Number: (_____) _____ Work/School Number: (_____) _____

Cell Number: (_____) _____ Email: _____

EDUCATIONAL BACKGROUND

High School: _____

College or Technical: _____

Other: _____

Major Course of Study: _____

Current GPA: _____

Please provide professional / work experience(s):

Where do you plan to pursue radiologic technology education?

What is your expected completion date of your education? _____

Please provide your reason(s) for applying for this scholarship:

Mail completed application and references to NDSRT Secretary (see ndsrt.org for current address).

Application is confidential and is to be reviewed by NDSRT Board Members or designated committee.

FOR BOARD USE ONLY

Date received:

References: 1.

2.