Lambda Nu $1000.00 Scholarship

Student Scholarship Application

Application must be **typed or printed legibly** 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 Name_____

(Ex: Arkansas Alpha)

Induction Date_____

(Date on your certificate)

Program Director_____

Name

Graduation Date_____Major/Concentration_____

___Certificate Program

___Associate Degree Program

___Baccalaureate Degree Program

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Student Scholarship Directions

A ΛN student member may only receive a ΛN scholarship **once** during their medical imaging and radiation sciences education.

Section 1: Essay

On a separate piece of paper, please provide your response to the following:

Question 1.) What is the most impactful event you've experienced since joining your medical imaging or radiation therapy program, and how has it changed your view on healthcare?
Limit response to 200 words.

Question 2.) Ask an AI software the following: "What is the future of [insert your area of study, i.e. radiography, sonography, radiation therapy, etc.]?" and paste AI's response with AI citation. Do you agree or disagree with AI's response? In your own words, defend your answer.
Limit AI response to 100-words and 100-word limit on your defended response.

Your essay formatting is to be one-inch margins, single spaced, and 12-point font. Answers are expected to reflect a collegiate level of writing.

Section 2: Evaluation by Program Director/ΛN Chapter Director

Using the appropriate form (included), have your program director evaluate your performance as a student. Your program director must include your program GPA and overall GPA (if applicable). This should be sealed in an envelope and signed across the back by the Program Director.

Submit all documents in one packet to:

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

All Lambda Nu Scholarships are $1000.00

A ΛN member may only receive this scholarship ONCE

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All applications must be RECEIVED BY MARCH 1, 2027

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Program Director or Chapter Director Questionnaire

Student Name: _____Date_____

1. Assessment Table

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

Criteria	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
This student demonstrates academic integrity.					
This student demonstrates leadership and has potential to enhance the profession.					
This student demonstrates outstanding performance in the clinical and academic settings.					
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. Program Director Recommendation

- ☐ Highly Recommend
- ☐ Recommend
- ☐ Recommend with Reservation

3. Student GPA

Program GPA_____ Overall GPA_____

4. Membership

Date student was admitted into radiation science program: _____

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

Program Director Name (Printed) _____

Program Director Signature _____

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