****

**Lambda Nu $500.00 Scholarship Application**

Application must be **typed.**

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Ex: Arkansas Alpha)

 Induction Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date on your certificate)

 Program Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name

 Graduation Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Major/Concentration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_Certificate Program

 \_\_\_Associate Degree Program

 \_\_\_Baccalaureate Degree Program

**Lambda Nu $500.00 Scholarship**

**Student Scholarship Directions**

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

**Section 1: Questions**

On a separate piece of paper, please answer the following 3 questions. Limit your responses to 1 page with 1 inch margins single spaced 12 point font.

1. What does it mean to be a member of a national honor society?
2. What does academic integrity mean to you?
3. What is your role in the future development of your profession?

**Section 2: Evaluation by Program Director/ Chapter Director**

**Application must be typed. DOWNLOAD the application to print**

**The Program Director form must be placed in sealed and signed envelope**

**Do NOT staple forms.**

**Do NOT print double sided.**

**Program director must evaluate your performance as a student on the included form.**

**Your program director must include your program GPA and overall GPA.**

Submit all documents in one packet to:

 **Lambda Nu Scholarship Committee**

 **P.O. Box 910**

 **State University, AR 72467**

**All Lambda Nu Scholarships are $500.00**

**A  member may only receive this scholarship ONCE**

 **All applications must be RECEIVED BY MARCH 6, 2020**

****

**Lambda Nu $500.00 Scholarship**

**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 | Neutral | Disagree | Strongly Disagree |
| **This student demonstrates:**1. Academic integrity
 |  |  |  |  |  |
| 1. Leadership potential
 |  |  |  |  |  |
| 1. Outstanding performance in clinic
 |  |  |  |  |  |
| 1. Punctuality& preparedness
 |  |  |  |  |  |
| 1. Professional demeanor
 |  |  |  |  |  |
| 1. Critical thinking skills
 |  |  |  |  |  |

**2. Program Director Recommendation**

* Highly Recommend
* Recommend
* Recommend with Reservation

**3.** **Student GPA**

 Program GPA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overall GPA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Director Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**