



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 **ΛN** student member may only receive a **ΛN** 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/ΛN 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 **ΛN 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					
2. Leadership potential					
3. Outstanding performance in clinic					
4. Punctuality & preparedness					
5. Professional demeanor					
6. 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 _____

