



**Lambda Nu \$500.00 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 _____
(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

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. 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 \$500.00

A **ΛN member may only receive this scholarship ONCE**

PLEASE DO NOT STAPLE THE PAGES
PLEASE DO NOT PRINT THE PAGES DOUBLE SIDED

All applications must be RECEIVED BY SEPTEMBER 17, 2021



Lambda Nu \$500.00 Scholarship
Program Director or Chapter Director Questionnaire

PAGE 1 OF 2 FOR PROGRAM DIRECTOR

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 _____