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**Lambda Nu $1,000.00 Scholarship Student Scholarship Application**

Application must be **typed or printed legibly** in dark ink.

## Applicant Attestation

*My signature certifies that all information provided is true and accurate and contains no misrepresentation falsifications.*

Signature of Applicant Date

## Personal Information

Name

Last First MI

Mailing Address

Number/Street (Apt. #)

City State ZIP

E-mail Address

## 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

**Lambda Nu $1,000.00 Scholarship**

**Student Scholarship Directions**

A **** student member may only receive a **** 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:

*Reflect on your reason for entering the medical imaging and radiation therapy profession, and explain what you feel needs improvement and how you will implement it.*

Your response should contain a minimum of 250 words but no more than 350 words. Essay formatting 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/ 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  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 October 3, 2025**

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**Lambda Nu $500.00 Scholarship**

**Program Director or Chapter Director Questionnaire**

**PAGE 1 OF 2 FOR PROGRAM DIRECTOR**

Student Name: Date

# 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 academicintegrity. |  |  |  |  |  |
| This student demonstrates leadership and has potential to enhance the profession. |  |  |  |  |  |
| This student demonstrates outstanding performance in the clinical andacademic 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. |  |  |  |  |  |

**Page 2 of 2 FOR PROGRAM DIRECTOR**

# Program Director Recommendation

 Highly Recommend

 Recommend

 Recommend with Reservation

# Student GPA

Program GPA Overall GPA

# 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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