

# The Research Foundation Radiologic Technology Student Scholarship Application

Please print or type

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_  
Social Security # \_\_\_\_\_

E-mail address \_\_\_\_\_

School:  Research Medical Center  Penn Valley Community College Current GPA: \_\_\_\_\_

Expected date of graduation \_\_\_\_\_

*Applicant's Signature*

Please attach to your application the following documentation:

1. Letter of recommendation from school counselor and/or faculty member.
2. Copy of transcript with current GPA.
3. Please include a statement that describes your career goals; what factors influenced your choice of radiologic technology as a career; how will you use your education to affect patients; and why do you believe you should be selected to receive a scholarship. Scholarship selection is primarily based on the essay component of the application. **This should not exceed one typed page.**
4. Complete information below.

## Scholarship Program:

1. Scholarship program is funded by The Research Foundation. Scholarship awards range from \$500 to \$1,000 each. Completed applications must be returned by March 1.
2. Renewal is possible each year for those who reapply and meet the criteria – maximum total of two years.

Please provide a list and source of current monthly income:

Source: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

Please provide a list of monthly expenses:

Rent/Mortgage: \$ \_\_\_\_\_  
Utilities \$ \_\_\_\_\_  
Transportation \$ \_\_\_\_\_  
Medical Insurance \$ \_\_\_\_\_  
Day Care \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Other (please list) \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
**TOTAL MONTHLY \$ \_\_\_\_\_**

Are you currently receiving **ANY** financial aid? \_\_\_ Yes \_\_\_ No If yes, please list all amounts and sources:

Have you received **ANY** other scholarships? \_\_\_ Yes \_\_\_ No If yes, please list all amounts and sources:

Do you currently live at home with parents and/or relatives while attending this program? \_\_\_ Yes \_\_\_ No

Send application and required information to: The Research Foundation, 2316 E. Meyer Blvd., Kansas City, MO 64132  
(816) 276-4218 (816) 276-4928 (fax)  
www.theresearchfoundationkc.org