

NDSRT CLARA B. SANGER SCHOLARSHIP

Each year, the NDSRT awards a \$100 scholarship given in memory of Clara B. Sanger, a former educator and Life member of the NDSRT. The scholarship recipient is selected from submitted applications and is intended to be used for academic expenses incurred while pursuing education or professional development in the field of radiologic technology.

Criteria:

1. Applicants must meet one of the following:
 - a. Enrolled in an accredited radiology program affiliated with a North Dakota educational institution or program
 - b. A resident of North Dakota
 - c. An employee within the state of North Dakota

2. Two letters of reference

Applications with letters of reference must be submitted by March 31 of the current year to the NDSRT Secretary:

Amy Hofmann
1634 Omaha Drive
Bismarck, ND 58504

The selection of the scholarship recipient will be made by the NDSRT Board or a committee designated by the Board. The decision will be based on the applicant's educational plans, academic history and need.

The decision to award this scholarship and selected recipient is within the sole discretion of the NDSRT Board, reserving the right to award the scholarship to any person it determines best meets the criteria. The Board also reserves the right to not award this scholarship in any given year.

The NDSRT Board will not discriminate against applicants because of race, creed, age, national origin or gender as set forth in laws of the United States.

Members of the NDSRT Board are not eligible for this scholarship.

The recipient will be notified by mail. The scholarship recipient will also be announced during the NDSRT Annual Conference. Attendance at the Conference is not required.

CLARA B. SANGER SCHOLARSHIP APPLICATION

Date: _____

Name: _____

Permanent Address: _____

Current Address: _____

Home Phone: _____

Work/School Phone: _____

Email address: _____

Educational background:

High School: _____

College or Technical: _____

Other: _____

Major course of study: _____

Current GPA: _____

Please list professional/work experiences:

Where do you plan to pursue radiologic technology education?

What is your expected date of completion?

Please explain your reason for applying for this Scholarship.

Mail completed applications to NDSRT Secretary. Application is confidential, only to be reviewed by Board or designated committee.

FOR BOARD USE ONLY

Date received:

References:

- 1.
- 2.

Comments and board action