



CALIFORNIA SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Dear Applicant:

Thank you for your inquiry concerning the Ruth McMillan Student Grant of the California Society of Radiologic Technologists.

It with pleasure that we send the enclosed forms, which must be **completed in full** and returned to the CSRT Office no later than **September 30th** of the year you apply. It is the responsibility of the applicant to ensure that all forms are completed properly and returned in one packet to the CSRT Executive Office by the **September 30th** deadline.

Enclosed you will find a copy of the requirements for the Student Grant. Applicants should read and comply with each of these requirements before an application is submitted to CSRT.

The amount of the Student Grant is \$500.00. **The Student Grant will be revoked if the recipient fails to complete his or her educational program. In this event, the recipient must repay the Grant money within three (3) months.**

After the completed forms have been received by the CSRT Office, the evaluation and selection process will take place within three weeks following September 30th. Winners will be notified by email and regular mail and the recipient of the Student Grant will be announced at the Student Bowl at the CSRT Annual Conference.

Sincerely,
Fred Castillo
President, CSRT

Enclosures:

Cover Letter
Grant Description, Memorial, Criteria
Student Grant Objective, Eligibility Criteria, Grant Procedures
Application Form (Parts A,B,C)
Academic Recommendation (Parts I, II, III)
Personal Recommendation (Parts I, II, III)
Grant Agreement

The Ruth McMillan/Anna Ames Student Grant

The California Society of Radiologic Technologists, Inc.

2196 Tanager Ct. Pleasanton, Ca. 94566 Ph: 310-782-0927 Fax: 925-264-1096 Email: email@csrt.org

Ruth McMillan, CRT, lived a life of service to others as a radiographer, as an educator, and as a responsible and active citizen of her community. Ruth believed that those she served had a right to the best her talents could provide.

The legacy she leaves is a world better for her professional competence, her responsibility to duty, her strong belief in ethical principles, and the warmth and vitality she shared with all she touched. In memory of Ruth McMillan, these qualities are being sought in others who are following similar paths of service.

The officers of the California Society of Radiologic Technologists choose those student applicants who most closely follow the professional precepts embodied in the career of this member.

Each nominee must complete and return the forms to the CSRT Office no later than September 30th of the year in which he or she applies for the grant. The amount of the Student Grant is \$500.00. **The grant will be revoked if the recipient fails to complete his or her educational program. In this event, the recipient must return the grant money within three (3) months.**

Applicants will be notified of the decision reached by the Directors of CSRT. The recipient(s) of the student grant will be announced at the Student Bowl at the CSRT Annual Conference.

The criteria are as follows:

- A. Clinical Excellence
 - a. Professional Skills and Behavior
 - b. Service as its Own Reward
 - c. Grade Point Average

- B. Sense of the Profession
 - a. Ethical Principles
 - b. Assumption of Responsibility
 - c. Organizational Skills

- C. Nurturing and Caring
 - a. Empathy
 - b. Humanness

Ruth McMillan Student Grant

Objectives:

1. Provide financial assistance to radiologic science students enrolled in approved California schools.
2. Contribute \$500 to one student each year.
3. Assist those students who have demonstrated a high potential for success in the radiologic technology profession.
4. Gain recognition of CSRT within the State of California as a leader in radiologic technology education.
5. Promote student interest and motivation in CSRT.
6. Encourage CSRT membership and participation as an active member.

Eligibility Criteria:

The applicant shall be:

1. CSRT member (application enclosed)
2. Enrolled full-time in a California Department of Health Services approved and CSRT recognized education program of Radiologic Sciences.
3. Enrolled in the program for at least 6 months at the time of receipt of the award.
4. Possess a minimum Grade Point Average of 2.5 in all college courses.
5. Considered ineligible if a holder of certification in another allied health profession that provides advanced standing in the said educational program.
6. Eligible to receive the grant more than once.
7. Responsible for requesting his/her own student application forms.

Grant Procedures:

1. Application forms shall be obtained from the CSRT Office.
2. Completed applications shall be in the CSRT Office by September 30th of that year.
3. The Board reserves the right to perform the selection procedures or assign the duties to the Education Committee.
4. The award recipients shall receive a congratulatory letter by email and regular mail and the grant will be awarded at the Student Bowl during the CSRT Annual Conference.

Application Form Part A
Ruth McMillan Student Grant
Return to the CSRT Office by September 30th

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Part A – To be completed by applicant. Please print or type.

1. **Name** _____
Last First MI

2. **Address** _____
Street City St. Zip

3. **Phone Number (Day Time)**_(_____)_____

Email Address _____

4. **List Your California Department of Health Accredited Radiologic Technology Program**

Name of School _____

Program Director _____

Address _____

Beginning Date _____ Estimated Completion Date _____

5. **Recommendation(s)**

Instructions: List the names of individuals for the following classifications and their addresses.

Personal: (Qualifications: adult, former/present employer, supervisor, instructor, or family friend
not a relative)

Name: _____

Address: _____

Academic: (Qualifications: counselor, instructor, program director, person familiar with your
educational achievements)

Name: _____

Address: _____

6. Enclose with this application a copy of a transcript for your accumulated grade point average for radiologic technology courses.

Application Form Part B
Ruth McMillan Student Grant
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Professional/Academic Activities

Please Print or Type

1. List activities in which you participate at your school or hospital (i.e. Alpha Beta Gamma, Student Government)

2. List activities/organizations in which you participate in your community (i.e. volunteer services, clubs, etc.)

3. List the areas of your involvement in the Radiologic Technology professional organization (i.e. CSRT, ASRT, etc.)

Part III – To be completed by the individual recommending the applicant.

Listed below are a series of characteristics or behaviors the student may have exhibited at school. Please indicate the extent to which the individual displayed these qualities by circling the number that applies, with “5” being the best

Rating Scale	little or none	some	above average	average	outstanding
___Regularity of Attendance	1	2	3	4	5
___Punctuality	1	2	3	4	5
___Dependability	1	2	3	4	5
___Application to his/her Studies (persistence, interest Diligence)	1	2	3	4	5
___Skill in his/her main field of interest	1	2	3	4	5
___Relationships with other students, faculty member	1	2	3	4	5
___Initiative	1	2	3	4	5

4. In the space below, please supply any additional information that will help in the assessment of the applicant. Specific statements about interests and performance in the vocational technical areas will be especially helpful to us.

5. GPA in radiologic technology courses _____ Expected date of graduation _____

I hereby recommend this student for a CSRT student grant.

Signature _____

Name (please print) _____ Daytime Phone _____

Position _____

Personal Recommendation
Ruth McMillan Student Grant

Return to the CSRT Office by September 30th

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Part I – To be completed by applicant prior to completion of Part II & III.

Applicant's Name _____
Last First MI

Address _____
Street City St. Zip

Part II – To be completed by the individual recommending the applicant.

The student listed above is an applicant for a Ruth McMillan Student Grant from the California Society of Radiologic Technologists. Your name has been provided to the selection committee as a reference. Please assist CSRT in the selection process by answering the questions below. Return this form to CSRT Office or to the student in a sealed envelope.

1. How long have you known the applicant? (check one)

0-6 mos 6 mos-1yr 1-2 yrs 2-3 yrs 3-4 yrs 4-5 yrs
 More than 5 years

2. In what capacity have you know the applicant?

As an employee
 As a worker you supervised
 As a present or former student
 As a co-worker
 As a friend

3. What is your estimate of the applicant's potential for the occupation in the health care field?

Outstanding prospect – very well suited to the field (5)
 Good potential – an appropriate choice (4)
 Slight potential – not too well qualified (3)
 Not qualified – likely to fail (2)
 Unable to judge (1)

Part III – To be completed by individual recommending the applicant.

4. Listed below are a series of characteristics or behaviors the applicant may have exhibited in your contacts with him/her. Please indicate the extent to which the individual displayed these qualities by circling the number that applies, with “5” being the best.

Rating Scale	Little Or none	some	average	above average	outstanding
___ Will carry through on Any job given him/her	1	2	3	4	5
___ Punctuality	1	2	3	4	5
___ Cooperativeness or dependability	1	2	3	4	5
___ Hard-working (persistent, interested, diligent)	1	2	3	4	5
___ Skillful in performing his/her duties	1	2	3	4	5
___ Gets along with other people	1	2	3	4	5
___ Initiative	1	2	3	4	5

I affirm and certify the information submitted is complete and correct to the best of my knowledge.

Name (print) _____

Signature _____ Date _____

Title _____ Daytime Phone _____

MEMBERSHIP APPLICATION/RENEWAL



**California
Society
of
Radiologic
Technologists**

**Modalities You Are
Interested In:**

- Cardiovascular
Interventional
 - Computed Tomography
 - Medical Dosimetry
 - Education
 - Magnetic Resonance
 - Mammography
 - Management
 - Military
 - Nuclear Medicine
 - Quality Management
 - Radiation Oncology
 - Sonography
 - Other
- _____
- _____
- _____

Date _____

___RENEWAL: CSRT MEMBERSHIP # _____

___NEW (We will assign a number to new members)_____

Last Name _____

First Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Fax _____

Email Address _____

CRT License # _____ Limited Permit License # _____

MEMBERSHIP CATEGORY (Check One):

___Active/Voting (Technologists) \$27.50 ___RT or XT Student \$5
**

___ Retired \$15 ___LP/XT \$20

___Associate (MDs, Vendors, Non Licensees) \$25

****STUDENTS:** Please have Program Director Sign Below to Verify Student Status:

Program Director

Date

**Please mail application and check (payable to CSRT) to:
CSRT, 2196 Tanager Ct., Pleasanton, CA 94566
OR pay with Master Card or Visa Card at the CSRT website: www.csrt.org .**