

## Anna B. Ames Clinical Excellence Student Grant

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Return Application to:

California Society of Radiologic Technologists  
 ATTN: Scholarship Committee  
 4747 N. First Street #140  
 Fresno, CA 93726  
 Phone: 415-278-0441  
 Email: [info@csrt.org](mailto:info@csrt.org)  
 Postmark by September 13, 2019

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**School/Program:** \_\_\_\_\_

Attach this sheet to the top of your application packet in the order as follows:

✓	Application Materials	Office Use Only
	Copy of current CSRT student membership card or membership application.	
	Essay (2 pages): APA Format describing personal goals, achievements and accomplishments during their time in a RT program. This may include volunteer activities, participation in professional organizations and how this scholarship would aide in the student's educational endeavors.	
	Grant Agreement Form	
	Confidentiality Recommendation Waiver Form.	
	Two (2) Clinical Instructor or Clinical Supervisor Letter of Recommendations in a sealed envelope or emailed directly to the CSRT Office. Recommendations to include: student attendance, technical skills, professionalism, communication and critical thinking.	
	Official Transcripts.	

## **Anna B. Ames Clinical Excellence Student Grant**

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Dear Applicant:

Thank you for your inquiry concerning the Anna B. Ames Clinical Excellence Student Grant of the California Society of Radiologic Technologists.

It is with pleasure that we send the enclosed forms, which must be **completed in full and returned along with official transcripts** to the CSRT Scholarship Committee Chair postmark no later than **September 13th** 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 Scholarship Committee by the **September 13th 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.**

The winner will be notified via email and regular mail. The recipient of the student grant will be announced at the CSRT Annual Conference.

Sincerely,

Cheryl Young, MS, RT(T)

**President, CSRT**

**Enclosures:**

Cover Letter  
Grant Description, Memorial, Criteria  
Student Grant Objective, Eligibility Criteria, Grant Procedures  
Grant Agreement  
Confidentiality Recommendation Waiver Form  
Clinical Recommendation Form

## Anna B. Ames Clinical Excellence Student Grant

### Objectives:

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

### Eligibility Criteria:

The applicant shall be:

1. A CSRT member or applying for membership at the time of application (*visit [csrt.org](http://csrt.org) for membership*).
2. Enrolled full-time in a California Department of Health Services approved and Joint Review Committee for Education in Radiologic Technology (JRCERT) accredited education program of Radiologic Sciences.
3. Enrolled in the program for at least 6 months at the time of receipt of the award.
4. Considered to possess exceptional skills in the clinical environment.
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 **only** once.
7. If also applying for the Ruth McMillan Academic Excellence Student Grant, student may only win one of the two scholarships at a time. Student may not win both, Anna B. Ames and Ruth McMillan Scholarships at one time.
8. Responsible for requesting his/her own student application forms.

### Grant Procedures:

1. Application forms shall be obtained from the CSRT Office or website.
2. Completed applications shall arrive in a sealed packet and postmarked by **September 13th** of that year the student applies.
3. The CSRT Board reserves the right to perform the selection procedures or assign the duties to the Education Committee.
4. The award recipient shall receive a congratulatory letter and a check mailed to the address provided.
5. A copy of the letter shall be sent to the student's program director.
6. There shall be award announcements in ***The Technigram*** and on the website.

## **Anna B. Ames Clinical Excellence Student Grant**

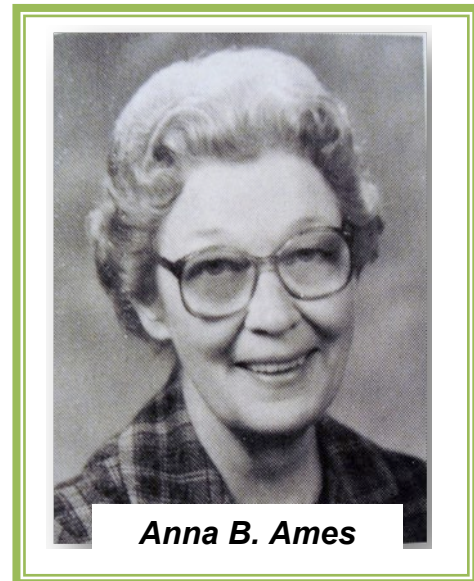
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Anna Ames, CRT, lived a life of service to others as a radiographer, a founding leader of CSRT, and as a responsible and active citizen of her community. Anna believed that those served had a right to the best care her talents could provide.

The legacy she left is a world better due to her professional competence, her responsibility to duty, her strong belief in ethical principles, and the warmth and vitality shared with all she touched. In memory of Anna Ames, 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 excellence emulated by Ms. Ames, specifically, clinical excellence.

Each nominee must complete and submit all application forms in one sealed packet to the CSRT Scholarship Committee Chair postmarked no later than September 13th of the year in which s/he 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 by email and regular mail of the decision reached by the Directors of CSRT. The recipient of the student grant will be announced at the CSRT Annual Conference.

The criteria are as follows:

**A. Clinical Excellence**

- a. Accolades received in a clinical environment
- b. Clinical Grade Point Average

**B. Sense of Leadership**

- a. Professional Skills and Behavior
- b. Teamwork/Collaboration
- c. Organizational Skills

## **Anna B. Ames Clinical Excellence Student Grant**

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

Identify your California Department of Health and Joint Review Committee for Education in Radiologic Technology

**Postmark no later than September 13, 2019**

Name of School: \_\_\_\_\_

Program Director: \_\_\_\_\_

Address: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

**GPA:** \_\_\_\_\_ in radiologic technology clinical courses only. **(Please attach official transcripts)**

**Clinical Recommendations:** *(see attached forms)*

Instructions: Obtain two (2) clinical recommendations of the following personnel listed below. Recommender's must complete the recommendation form along with the Confidentiality Recommendation Waiver form. All documents must be returned to the student in a sealed envelope with the recommender's signature on the sealed part of the slab or sent directly to the CSRT Office by email or mail.

**1. Clinical Instructor, Clinical Staff, or Clinical affiliated staff.**

Name: \_\_\_\_\_

**2. Lead Technologist, Clinical Supervisor, or Manager from your clinical site.**

Name: \_\_\_\_\_

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## Anna B. Ames Clinical Excellence Student Grant

### GRANT AGREEMENT FORM

**Postmark no later than September 13, 2019**

This Student Grant is made available from the Anna B. Ames Student Grant Fund as part of the California Society of Radiologic Technologists.

By signing my name below, I affirm that I am a student of Radiologic Technology in a California Department of Health Services and Joint Review Committee for Education in Radiologic Technology (JRCERT) approved educational program. It is my understanding that if I terminate for any reason other than graduation, I will be responsible for **repayment of the entire grant** within three (3) months of said termination.

**Amount of Grant ..... \$500**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

.....  
**Office Use Only:**

To be completed by a member of scholarship committee of the California Society of Radiologic Technologists, Inc.

Agreed to by: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

## Anna B. Ames Clinical Excellence Student Grant

### CONFIDENTIALITY RECOMMENDATION WAIVER FORM

**Postmark no later than September 13, 2019**

**Name of Applicant:** \_\_\_\_\_

Under the federal Law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect his/her records, including letters of recommendation. We strongly believe letters written in confidence are great value in the assessment of a student's qualifications, abilities, and dedication. Both, the applicant and recommender must review this form before completing the recommendation forms.

**To the applicant:** We invite you therefore, but do not require you, to sign the following waiver; you may however, expressly decline to do so.

- I expressly waive rights I might have to access this letter of recommendation under the Family Educational Rights and Privacy Act of 1974, or any other law, regulations, or policy.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

- I do not agree to the waiver stated above.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**To the Recommender:** Before you assent to submit a recommendation, please review the reference to the federal Law entitled the Family Education Rights and Privacy Act of 1974 as presented in the above instructions. Please place the letter of recommendation in a sealed envelope with your signature on the sealed part of the enveloped.

## **Anna B. Ames Clinical Excellence Student Grant**

### **CLINICAL RECOMMENDATION FORM**

**Applicant's Name:** \_\_\_\_\_

The student listed above is an applicant for the Anna B. Ames 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 providing a letter recommendation to include the following: student attendance, technical skills, professionalism, communication and critical thinking. Please return the clinical letter of recommendation to the student in a sealed envelope with your signature in the back of the seal, email the letter of recommendation directly to the CSRT office at [info@csrt.org](mailto:info@csrt.org), or mail the letter to the CSRT's Scholarship Committee at the following address:

California Society of Radiologic Technologists  
ATTN: Scholarship Committee  
4747 N. First Street #140  
Fresno, CA 93726

**Postmarked no later than September 13, 2019.**

### **CLINICAL RECOMMENDATION FORM**

**Applicant's Name:** \_\_\_\_\_

**I hereby recommend this student for the Anna B. Ames Clinical Excellence Student Grant.**

Signature \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_

Position \_\_\_\_\_