

# Ruth McMillan

## Academic 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:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**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.	
	Confidentiality Recommendation Waiver Form.	
	Academic Instructor Letter of Recommendation in a sealed envelope.	
	Program Director, Clinical Coordinator, or RT program faculty member Letter of Recommendation in a sealed envelope or emailed directly to the CSRT Office.	
	Official Transcripts.	

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Dear Applicant:

Thank you for your inquiry concerning the Ruth McMillan Academic 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 postmarked no later than **September 13th** of the year you apply. It is the responsibility of the applicant to ensure that all forms are completed and returned properly in one packet to the CSRT Scholarship Committee Chair 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 Ruth McMillan Academic Excellence 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.

Sincerely,

Cheryl Young, MS, RT(T)  
**President, CSRT**

California Society of Radiologic Technologists  
ATTN: Scholarship Committee  
4747 N. First Street #140  
Fresno, CA 93726  
Phone: 415-278-0441  
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**Enclosures:**

Cover Letter  
Grant Description, Memorial, Criteria  
Student Grant Objective, Eligibility Criteria, Grant Procedures  
Application Form (Parts A, B, C)  
Grant Agreement  
Confidentiality Recommendation Waiver Form  
Academic Recommendation Form

# Ruth McMillan

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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 submit the forms to the CSRT Scholarship Committee postmarked no later than September 13th 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 via email 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. Academic Excellence**

- a. Academic Grade Point Average
- b. Accolades for Academia

**B. Leadership Attributes**

- a. Professional Skills and Behavior
- c. Teamwork/Collaboration
- d. Personal Growth

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### Objectives:

1. Provide financial assistance to radiologic science students enrolled in JRCERT approved California schools.
2. Contribute \$500 to one student who exemplifies academic 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 Anna B. Ames Clinical Excellence Student Grant, student may only win one of the two scholarships at a time. Student may not win both, Anna B. Ames & 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. The CSRT Board reserves the right to perform the selection procedures or assign the duties to the Education Committee.
3. The award recipient shall receive a congratulatory letter and a check by mail at the address provided.
4. A copy of the letter shall be sent to the student's program director.
5. There shall be award announcements in ***The Technigram*** and on the website.

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

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

**Name:** \_\_\_\_\_  
Last First MI

**Email Address** (mandatory) \_\_\_\_\_  
Please print each letter, number and symbol very clearly

Identify your California Department of Health and Joint Review Committee for Education in Radiologic Technology (JRCERT) Accredited Radiologic Technology Program.

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

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

Address \_\_\_\_\_

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

**GPA:** \_\_\_\_\_ in radiologic technology courses only.

**GPA:** \_\_\_\_\_ in all academic courses (cumulative GPA).

**(Attach official transcripts)**

**Academic Recommendations:**

Instructions: Obtain academic recommendations from the following personnel listed below. Recommenders must complete the recommendation form that is attached at the end of the application, along with the Confidentiality Recommendation Waiver form. All documents must be return 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. Academic Instructor**

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

**2. Program Director, Clinical Coordinator, or RT program faculty member**

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

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### GRANT AGREEMENT FORM

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

This Student Grant is made available from the Ruth McMillan 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

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

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### 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.

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### ACADEMIC RECOMMENDATION FORM

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

The student listed above is an applicant for the 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 providing a letter recommendation to include the following: student attendance, technical skills, professionalism, communication and critical thinking. Please return the clinical recommendation forms 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 email@csrt.org, or mail the letter to the CSRT's Scholarship Committee Chair at the following address:

California Society of Radiologic Technologists  
ATTN: Scholarship Committee  
4747 N. First Street #140  
Fresno, CA 93726  
Email: [info@csrt.org](mailto:info@csrt.org)

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

**I hereby recommend this student for the Ruth McMillan Academic Excellence Student Grant.**

Signature \_\_\_\_\_

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

Position \_\_\_\_\_

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

Email \_\_\_\_\_