



School of Radiologic Technology Scholarship Application

Name: _____ Date of Application: _____

Address: _____

Phone (day): _____ (evening): _____

E-mail: _____

Clinical Site: _____

Which scholarship are you applying for (circle one):

School of Radiologic Technology Scholarship

Luminescence Scholarship

Please submit the following documents with your completed application:

- A personal Letter of Introduction that highlights your academic achievements, community and/or extra curricular activities and career goals.
- An explanation of financial need including your annual household income.
- Two Letters of Reference from persons not related to you. One must be from an instructor or supervisor.

- Program Director Evaluation

I certify that all information included in this application is true. Any falsification of information or failure to attend the program as described in this application will require full refund of any awarded scholarship monies.

Applicant Signature: _____ Date: _____

Application Deadline: **Friday, April 12, 2019 - 4 PM**

Hancock Health Foundation
801 North State Street
Greenfield, IN 46140
(317) 468-4106