Anna B. Ames Clinical Excellence Student Grant

Return Application to:
California Society of Radiologic Technologists
ATTN: Scholarship Committee
575 Market Street, Suite 2125
San Francisco, CA 94105
Phone: 415-278-0441
Email: email@csrt.org
Postmark by September 15, 2017

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:

<table>
<thead>
<tr>
<th>✓</th>
<th>Application Materials</th>
<th>Office Use Only</th>
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<tbody>
<tr>
<td></td>
<td>Copy of current CSRT student membership card or membership application.</td>
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<tr>
<td></td>
<td>Application Form Part A.</td>
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<td>Application Form Part B.</td>
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<td>Application Form Part C.</td>
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<td>Grant Agreement.</td>
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<td></td>
<td>Confidentiality Recommendation Waiver Form.</td>
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<tr>
<td></td>
<td>Clinical Instructor Letter of Recommendation in a sealed envelope.</td>
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<td></td>
<td>Lead Technologist or Supervisor Letter of Recommendation in a sealed envelope.</td>
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<td>Program Director Letter of Recommendation in a sealed envelope.</td>
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<td></td>
<td>Official Transcripts.</td>
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</table>
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 15th 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 15th 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,

Doris Abrishami, MA, CRT, (R)(M) ARRT

President, CSRT

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
Clinical Recommendation Form (pages 1-3)
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 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 15th 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 at the annual conference of the application year from the President of the CSRT or representative. If not present at the annual conference, the recipient will be mailed the congratulatory letter and check 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, on the website, and at the CSRT Annual Conference.
Anna B. Ames Clinical Excellence Student Grant

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 15th 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

Postmark no later than September 15, 2017

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 (JRCERT) Accredited Radiologic Technology Program.

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 three clinical recommendations of the following personnel listed below. Recommender’s must complete the three-page 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.

1. Clinical Instructor, Clinical Staff, or Clinical affiliated staff.
   Name: ______________________________________________________

2. Lead Technologist, Clinical Supervisor, or Manager from your clinical site.
   Name: ______________________________________________________

3. Program Director, Clinical Coordinator, or Faculty member from the RT program.
   Name: ______________________________________________________
Anna B. Ames Clinical Excellence Student Grant

Postmark no later than September 15, 2017

Part B: Professional/Clinical Activities

1. List all areas of your involvement in the radiologic technology professional organizations (i.e. ASRT, CSRT, ACERT).

2. List all activities/organizations in which you participate in your community (i.e. volunteer services, clubs).
3. List any awards/certificates, accolades received in a clinical environment (i.e. Outstanding clinical performance award, name mentioned in a patient care satisfaction survey).

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

4. List all activities in which you participate at your school, hospital, or in your community (i.e. Alpha Beta Gamma, Student Government, Radiology Club, Class Representative, Mentor).

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Anna B. Ames Clinical Excellence Student Grant

Postmark no later than September 15, 2017

Part C: List only your clinical courses along with the grade, including the course number and title. Clinical grades will be verified with the official transcripts. All non-clinical courses should not be included.

<table>
<thead>
<tr>
<th>Clinical Course</th>
<th>Units</th>
<th>Grade</th>
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<tbody>
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</table>

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

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: __________________________
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 expressily 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 answering the questions below. Please return the clinical recommendation forms to the student in a sealed envelope with your signature in the back of the seal or mail them to the CSRT’s Scholarship Committee at the following address:

California Society of Radiologic Technologists
ATTN: Scholarship Committee
575 Market Street, Suite 2125
San Francisco, CA 94105

Postmarked no later than September 15, 2017.

Part I: Please check one item for the each of the following questions.

1. How long have you known the applicant? (Check one)
   _____ 0-6 mos. _____ 6 mos-1 yr _____ 1-2 yrs _____ 2-3 yrs _____ 3-4 yrs _____ over 4 yrs

2. In what capacity have you known the applicant? (Check one)
   _____ Clinical Instructor _____ Lead Technologist _____ Supervisor _____ Program Director

3. What is your estimate of the applicant’s clinical excellence in Radiologic Technology? (Check one)
   _____ Outstanding clinical performance - rarely have seen a better student (5)
   _____ Good clinical performance – above average for their level (4)
   _____ Average clinical performance – most students perform at this level (3)
   _____ Below average – this student performs below students at their level (2)
   _____ Unable to judge (1)
Applicant's Name: ____________________________________________________________

**Part II:** The chart below is a series of characteristics or behaviors the student may have exhibited in the clinical environment. Please indicate the extent to which the individual displayed these qualities by circling the number that applies, with “5” being the best and “1” the worst.

<table>
<thead>
<tr>
<th>Rating Scale</th>
<th>Little to None</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Outstanding</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positioning competence and innovativeness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Technical competence</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Anticipating patient needs/ Patient care</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to communicate with patients and staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Self confidence</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Teamwork and Dependability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Motivation/Initiative</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Exhibits critical thinking skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Radiation Protection</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Asset to the department</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Enthusiasm for the profession</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>
CLINICAL RECOMMENDATION FORM

Applicant's Name: ________________________________________________________________

PART III: In the space below, please supply any additional information that will help in the assessment of the applicant. Specific statements about interests, leadership and clinical performance in the technical areas as well as unusual situations will be especially helpful to us.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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

Signature ________________________________________________________________

Name (Please Print) ____________________________________________________________

Daytime Phone ______________________________________________________________

Email ________________________________________________________________

Position __________________________________________________________