



JOHN F. BOWSER SCHOLARSHIP

Scholarship Guidelines:

1. The amount of scholarship is to be determined by the annual interest earned on the scholarship fund.
2. The scholarship recipient will be based on agreement of the Scholarship Committee. The Scholarship Committee members are:
 - Western Missouri Radiological Group Medical Director for Centerpoint Medical Center (CTMC)
 - Administrative Director of Radiology of CTMC
 - Clinical Instructor of CTMC
 - Clinical Coordinator of the Avila University Radiography Program
3. The designation and criteria of the fund may change at any future date as needs and circumstances change.
4. The scholarship will be awarded once per year.

Scholarship Requirements:

1. A candidate must be pursuing an education in the field of Radiologic Technology, through Carondelet Radiography Program of Avila University and Centerpoint Medical Center.
2. The candidate must have a minimum GPA of 2.5 on a 4.0 scale or a minimum of a C+ average.
3. The recipient must be willing to sign an agreement that if he/she leaves school before or at the end of the semester, all of the scholarship will be returned.
4. A candidate should exhibit leadership skills and a commitment to a career in Radiologic Technology.

Application Procedure:

1. The student shall complete the scholarship application form.
2. The student shall attach his/her college transcript.
3. The student shall send the application and transcript to the Clinical Instructor of the hospital at which he/she is based for clinicals.
4. A personal interview with the Scholarship Committee may be scheduled when all of the applications have been received.

FOR MORE INFORMATION CONTACT:

Linda Dunaway, RT(R)
Director of Imaging Services and Transportation
Centerpoint Medical Center
19600 E. 39th Street
Independence, MO 64057
(816) 698-7132 fax (816) 698-7131

Reviewed 1/08

Personal Information

Name: _____

Permanent address: _____

City/State/Zip Code: _____

Phone number: _____ Mobile phone: _____

School address: _____

City/State/Zip Code: _____

School phone number: _____

SS number: _____ Student ID number: _____

Academic Information (*official transcript of all college courses must be attached*)

Enrolling in _____ as: _____ Freshman _____ Sophomore
_____ Junior _____ Senior

Expected date of graduation: _____

High School attended: _____

City/State/Zip Code: _____

Year graduated: _____ GPA: _____

College(s): _____

City/State/Zip Code: _____

Cumulative GPA: _____ Number of credits received: _____

Career Goals

What interested you in a Radiology Technology career? _____

What career goals have you set for yourself? _____

In what areas of Radiology are you most interested? _____

In what community or civic activities have you participated? _____

Leadership Experience

What leadership experience have you had? _____

Of what accomplishment are you most proud? _____

Financial Information

Gross salary: _____

Spouse's salary (if applicable): _____

Parents' support (if applicable): _____

Other sources (grants, scholarships, etc.): _____

Employment Experience

List the most recent employment first – include military experience

(If additional space is needed, please attached additional sheets.)

Company name: _____

Address: _____

Phone number: _____

Type of business: _____

Supervisor's name: _____

Date employed: _____

Date left: _____

Titles and duties: _____

Reason for leaving: _____

Final salary: _____

If records exist under another name, please specify: _____

Company name: _____

Address: _____

Phone number: _____

Type of business: _____

Supervisor's name: _____

Date employed: _____

Date left: _____

Titles and duties: _____

Reason for leaving: _____

Final salary: _____

If records exist under another name, please specify: _____

List two individuals that can be contacted as personal references

Name: _____

Relationship to applicant: _____

Phone number: _____

Name: _____

Relationship to applicant: _____

Phone number: _____

Signature: _____ Date: _____