PURPOSE AND CRITERIA

Current Undergraduate Students:
To provide financial assistance for qualified students enrolled in a Radiology Technology, Ultrasound Sonography, Magnetic Resonance Imaging, or Nuclear Medicine Technology program and who are permanent residents of Kalamazoo County or who are receiving their clinical or didactic training in a facility within Kalamazoo County.

Current Radiology Technologists:
To provide supplemental funds for postgraduate education to qualified registered radiology technologists. Graduate applicants must be permanent residents of Kalamazoo County who are currently employed, full or part-time, as a Registered Radiology Technologist, or must be current Registered Radiology Technologists permanently employed, full or part-time, by an agency within Kalamazoo County.

APPLICATION DEADLINE: The deadline for students attending a school of radiology technology and for current radiology technologists is September 15.

REQUIRED DOCUMENTATION: The following must be submitted to the Kalamazoo Community Foundation with a postmark of September 15 or before:

Current Undergraduate Students applying for degree/certification assistance:
- Completed application including statement of educational/professional plans/financial need.
- Most current transcript from high school or college.
- One recommendation from an instructor.
- A copy of your financial aid award letter, if you have applied for financial aid.

Please keep in mind that when selecting undergraduate scholarship recipients, special consideration may be given to single parents with dependent children who demonstrate financial need. Academic achievement and job performance will also be considered.

Current Radiology Technologists applying for continuing education assistance:
- Completed application including statement of continuing education/professional development plans.
- One recommendation from your department supervisor.

If selected for the grant and you are requesting reimbursement for a meeting that you have already attended, you will be required to forward copies of your receipts and/or certificate(s). If you are requesting assistance for a future conference, copies of receipts and/or certificate(s) must be forwarded upon completion of the event.

CERTIFICATION
I hereby affirm that I am a U.S. Citizen or Permanent Resident Alien (green card holder) and that the information provided on the attached application form is accurate and complete to the best of my knowledge. I understand that my signature authorizes the Kalamazoo Community Foundation to seek additional information confirming the accuracy of my application, if deemed necessary, and furthermore that information in my application may be shared with the scholarship advisory committee. I also affirm that I am not a child, stepchild, grandchild, step-grandchild, great grandchild, brother, sister, spouse or domestic partner of a distribution advisory committee member or Kalamazoo Community Foundation trustee, member of a committee with board delegated powers or employee.

Applicant’s Signature: ____________________________ Date: ____________
APPLICANT INFORMATION

Name: __________________________________________

Last                                               First                                      Middle

Permanent Address: __________________________________________

Street                                              City                                      State       Zip

Telephone #:_________________________________________Email address: __________________________________________

Dependents:  (If applicable, please list the relationship and ages of your dependents.)

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Age</th>
<th>Relationship</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am applying for a scholarship/grant for:

___  Financial assistance as a **student** in a Radiology Technology, Ultrasound Sonography, Magnetic Resonance Imaging, or Nuclear Medicine Technology program

___  Assistance with postgraduate studies or continuing education

EDUCATION

High School Graduation Date: _________

School of Radiology Technology: __________________________________________
Graduation Date: _________

Clinical Training Site(s): __________________________________________
(Undergraduates Only)

College (If other than Radiology Technology): __________________________________________
Dates Attended: _________
If applicable, Graduation Date: _________
Major: ______________

ACHIEVEMENTS

Using only the space below, list memberships and participation in school, community and professional organizations, honors, and awards. **Please list your achievements in order of importance to you.**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Leadership Positions, Awards &amp; Recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WORK EXPERIENCE

In the space below, please list paid work experience beginning with your most recent position.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position</th>
<th>Dates of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EDUCATIONAL PLANS

On a separate page briefly describe your educational or continuing education/professional development plans as they relate to your career goals. Also indicate how the scholarship, if awarded, will help you reach your goals.

FINANCIAL INFORMATION

For current undergraduate radiology technology students only

On a separate page, describe any special family or personal circumstances, which illustrate a need for financial assistance, such as single head of household with non-working dependents, single with no family assistance, etc.

Cost of Tuition: $____________________  Estimated Financial Need $____________________

For current radiology technologists only

*Every line below must be filled in for your application to be considered.*

Course of Study/Name of Seminar:____________________________________________________

Sponsored by:____________________________________________________

Location:_________________________________________  Dates:____________________

<table>
<thead>
<tr>
<th></th>
<th>$______</th>
<th>$______</th>
<th>$______</th>
<th>$______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition/Registration Fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If not included with fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lodging</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL: $________

*If funded, receipts and certification required.*