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# ASSOCIATION OF RADIOLOGIC & IMAGING NURSING

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## CRN Scholarship Application

The Association for Radiologic & Imaging Nursing (ARIN) CRN Exam Scholarship was established to provide financial assistance to ARIN members who are seeking to become certified radiology nurses. The recipient will receive a complimentary registration for the CRN Exam.

Those sitting for the exam for the first time must show that they have obtained 30 contact hours of continuing education in a 2-year period. Candidates may choose to recertify by examination or by obtaining continuing education contact hours. Sixty (60) contact hours within a 4-year period are required to meet the contact hour requirements for recertification.

### Eligibility

- Must be an active member of ARIN for at least four years
- Must possess a current nursing license
- Must meet minimum requirements to sit for exam

### Submission Requirements

- Completed Application
- Copy of your current nursing license

### Applicant Information

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please answer the questions on the back of this page. The ARIN Scholarship Committee reviews blinded applications. The application with the highest scores will be selected as the Scholarship recipient.

Return your application to the ARIN National Office by November 15, via mail, email, or fax.

**NOTE THE NEW ADDRESS AND CONTACT INFORMATION FOR THE ARIN NATIONAL OFFICE:**

**Association for Radiologic and Imaging Nursing**

390 Amwell Road, Suite 402

Hillsborough, NJ 08844

t: (908) 359-5308 • f: (908) 450-1398

[info@arinursing.org](mailto:info@arinursing.org)

[www.arinursing.org](http://www.arinursing.org)



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## CRN Scholarship Application

Applicant's Code Number \_\_\_\_\_ (for office use only)

How long have you been an ARIN member? \_\_\_\_\_

Are you currently employed in radiology nursing? \_\_\_\_Yes \_\_\_\_No

How long have you worked in radiology nursing? \_\_\_\_\_

Have you ever sat for the CRN exam? \_\_\_\_Yes \_\_\_\_No

Selection Criteria: Please answer all questions that apply.

1. Have you ever held a national ARIN office or served as a committee chair at the national level? \_\_\_\_Yes \_\_\_\_No
2. Are you currently a member of the ARIN National Committee? \_\_\_\_Yes \_\_\_\_No
3. Have you published an article related to radiology nursing in the Journal of Radiology Nursing or Vision?  
\_\_\_\_Yes \_\_\_\_No
4. Have you ever presented at a national ARIN Educational Meeting or a radiology nursing seminar?  
\_\_\_\_Yes \_\_\_\_No Date of most recent presentation \_\_\_\_\_
5. Are you a member of an ARIN chapter? \_\_\_\_Yes \_\_\_\_No
6. Have you ever held an ARIN Chapter office or chaired a local committee? \_\_\_\_Yes \_\_\_\_No
7. Have you been a speaker for a local ARIN chapter or radiology nursing related seminar? \_\_\_\_Yes \_\_\_\_No
8. Please list any other sources of financial aid you are currently receiving.  
\_\_\_\_\_

9. Will you use vacation/personal time or educational leave to take the CRN Exam? \_\_\_\_Yes \_\_\_\_No

On a separate sheet of paper please give a brief summary of why you would like to be considered for the CRN Scholarship. Please include information on your short and long term goals regarding your continued employment in radiological nursing as a certified radiology nurse.

### Submission Check List

- Completed Application                       Copy of your current nursing license

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