



**Lambda Nu \$500.00 Scholarship  
Student Scholarship Application**

Application must be **typed or printed legibly** in dark ink.

**I. Applicant Attestation**

*My signature certifies that all information provided is true and accurate and contains no misrepresentation falsifications.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**II. Personal Information**

Name \_\_\_\_\_  
Last First MI

Mailing  
Address \_\_\_\_\_  
Number/Street (Apt. #)

\_\_\_\_\_  
City State ZIP

E-mail Address \_\_\_\_\_

**III. Educational Information**

Program  
\_\_\_\_\_  
Name of Institution City/State

Lambda Nu Chapter \_\_\_\_\_  
(Ex: Arkansas Alpha)

Induction Date \_\_\_\_\_  
(Date on your certificate)

Program Director \_\_\_\_\_  
Name

Graduation Date \_\_\_\_\_ Major/Concentration \_\_\_\_\_

\_\_\_ Certificate Program  
\_\_\_ Associate Degree Program

## **Lambda Nu \$500.00 Scholarship**

### **Student Scholarship Directions**

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A **ΛN** student member may only receive a **ΛN** scholarship **once** during their medical imaging and radiation sciences education.

### **Section 1: Questions**

On a separate piece of paper, please answer the following 3 questions. Limit your responses to 1 page with 1 inch margins single spaced 12 point font.

1. What does it mean to be a member of a national honor society?
2. What does academic integrity mean to you?
3. What is your role in the future development of your profession?

### **Section 2: Evaluation by Program Director/ΛN Chapter Director**

Using the appropriate form (included), have your program director evaluate your performance as a student. Your program director must include your program GPA and overall GPA. This should be sealed in an envelope and signed across the back by the Program Director.

**Submit all documents in one packet to:**

**Lambda Nu Scholarship Committee  
P.O. Box 910  
State University, AR 72467**

**All Lambda Nu Scholarships are \$500.00**

**A **ΛN** member may only receive this scholarship ONCE**

**All applications must be RECEIVED BY OCTOBER 12, 2018**





**Lambda Nu \$500.00 Scholarship  
Program Director or Chapter Director Questionnaire**

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

Date \_\_\_\_\_

**1. Assessment Table**

On the table below please share with the committee your opinions regarding the above named student.

Criteria	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
This student demonstrates academic integrity.					
This student demonstrates leadership and has potential to enhance the profession.					
This student demonstrates outstanding performance in the clinical and academic settings.					
This student is punctual, prepared and attentive.					
This student has an excellent rapport with patients, peers and/or staff.					
This student demonstrates excellent critical thinking skills.					

**2. Program Director Recommendation**

- Highly Recommend
- Recommend
- Recommend with Reservation

**3. Student GPA**

Program GPA \_\_\_\_\_ Overall GPA \_\_\_\_\_

**4. Membership**

Date student was admitted into radiation science program: \_\_\_\_\_

Date student was **inducted** into Lambda Nu:

\_\_\_\_\_

**Program Director Name (Printed)** \_\_\_\_\_

**Program Director Signature** \_\_\_\_\_

