Massachusetts Society of Radiologic Technologists

Entry Level Scholarship Awards 2027

Providing financial assistance to eligible members enrolled in an Accredited Radiography, Radiation Therapy or Nuclear Medicine Program

Applications Due by February 15, 2027

All materials are to be submitted electronically to: info@msrt-ma.org

MSRT Guidelines for MSRT Entry Level Scholarships

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To be considered eligible for MSRT Scholarships, the following conditions must be met:

1. The student must be a member in good standing of the MSRT. Membership must be valid **prior** to the application deadline.
2. The student must have completed at least one semester or quarter of their educational program.
3. The student shall have maintained at least a 3.0 GPA at the time of application.
4. The student shall be enrolled in an accredited Medical Imaging or Radiation Therapy program within the Commonwealth of Massachusetts or the State of Rhode Island.
5. The student shall have applied in the method prescribed by the Executive Board of the MSRT.

Method of Application:

1. Complete the Scholarship application.
2. In typed essay form, the applicant shall submit a statement of 250-500 words that discloses:
    a. Why are you choosing to make medical imaging your career at this point in your life?
    b. Explain the status of your financial need and how this scholarship will affect your current situation.
    c. What is it about you that makes you the best candidate for this scholarship?
    d. Explain your career goals and how your degree or certificate will help you to achieve them.
    e. Describe your participation and involvement in the MSRT.
    f. Describe your community service and volunteer experience.
    g. Describe any academic or clinical awards or recognition you have received.
3. Scan and submit an electronic copy of your school transcript showing the most recent semester completed.
4. A letter of recommendation from the student's Clinical Instructor or Clinical Supervisor must be submitted electronically to the MSRT. The recommendation must describe the student's level of competency and professionalism to include their interactions with patients, staff and peers. Please give the MSRT Scholarship Recommendation Guidelines to the individual writing the recommendations.
5. All materials must be submitted electronically to the MSRT **no later than February 15, 2027.**

Distribution

1. Each scholarship shall consist of a cash award. The amount of each scholarship will be determined by the Executive Board of the MSRT.
2. The recipients will be requested to attend the business luncheon at the annual MSRT conference to accept their award.
3. Applicants are eligible to receive only one scholarship per year.
4. The presentation of all scholarships is subject to the availability of funds.

Assessment Criteria:

Application for this scholarship will be based on a 100% scale broken down as follows:

1. Scholastic Standing (20%)
2. Clinical Recommendation Evaluation (30%)
3. Personal Essay (20%)
4. MSRT Membership Involvement and other Community Volunteer Service (20%)
5. Presentation of Application (10%)

Instructions for the Recommender:

The Massachusetts Society of Radiologic Technologists (MSRT) appreciates your candid appraisal on the merit of the individual applying for a scholarship. The scholarship committee desires an accurate assessment of each applicant. Please comment on the following and email your recommendation to info@msrt-ma.org by **February 15, 2027.**

- Dates of enrollment in an educational program or employment in your facility.
- Perception of the applicant's academic, clinical or professional performance to include their interactions with patients, staff and peers.
- Knowledge of applicant's commitment/intentions to pursue education/accomplish goals.
- Generally, why do you recommend the applicant to receive a scholarship?
- Any other information you feel is relevant for the committee's consideration.

Notification Process:

Recipients will be notified by the MSRT. Additionally, names of recipients, program of study, and institutions they attend will be published in MSRT publications and other selected publications as deemed appropriate

Distribution of Funds:

Recipients will be invited to attend the annual conference to accept their scholarship.

All materials are to be submitted electronically to: info@msrt-ma.org

Massachusetts Society of Radiologic Technologists

P.O. Box 16 Merrimac, MA 01860

info@msrt-ma.org MSRT Website

Entry Level Scholarship Application 2027

Last Name: _____ **First Name:** _____

Street Address: _____

City, State, ZIP: _____

Telephone: Email: _____

School: _____ **Program:** _____

Enrollment Date: Projected Completion Date: _____

In typed essay form, the applicant shall submit a statement consisting of 250-500 words that discloses:

a. Why are you choosing to make medical imaging your career at this point in your life?
b. Explain the status of your financial need and how this scholarship will affect your current situation.
c. What is it about you that makes you the best candidate for this scholarship?
d. Explain your career goals and how your degree or certificate will help you achieve them.
e. Describe your participation and involvement in the MSRT.
f. Describe your community service and volunteer experience.
g. Describe any academic or clinical awards or recognition you have received.

2. Scan and submit an electronic copy of your school transcript showing the most recent semester completed.
3. Request letter of recommendation and give guideline to author/s

Please email this application along with your essay and transcript to the MSRT. In addition, recommendation letters must be emailed by the author to the MSRT. All documents must be received by February 15, 2027.

Scholarship Application Statement:

☐ *The above answers are true and correct to the best of my knowledge. If a discrepancy should arise, I understand that my application will be withdrawn from consideration. Your electronic signature binds you to the Scholarship Application Statement.*

Photo, Audio, Video Release

By participating in any part of an MSRT Activity, you grant MSRT permission to use your name, likeness and statements about the ACTIVITY in photographs, videos, advertising or any other type of material. Unless you revoke this permission in writing to the MSRT, by virtue of your participation, you agree to the use of your likeness in such materials.

Date Submitted: _____ Electronic Signature _____