

Preparing an Application Packet for The Jean Turner Minority Scholarship for Medical Imaging Technology

Begin compiling your application early, all materials can be submitted via e-mail or by mail.
All applications must be received on or before the July 18, 2022, deadline.

The Jean Turner Scholarship Committee will not consider incomplete or late applications. If any item is missing, the application will be considered incomplete and will be disqualified. Do not include additional materials unrelated to the application requirements (e.g., photographs).

1. **Application Form.** Must be fully completed, signed, and dated. Please read the Certification section at the bottom of page 4 thoroughly. Without your signature and the date, your application will be disqualified.
2. **Transcripts(s).** Photocopies are acceptable. Transcript printouts from the Web are only acceptable if they show the school's name, the student's name, the courses completed, and the grades awarded.
3. **Proof of enrollment or acceptance in a Medical Imaging Technologist's program.** Submit documentation from the registrar's office that indicates proof of current enrollment. If your acceptance is pending when you submit your application, you must forward a copy of your acceptance letter to the committee for receipt by **July 18, 2022**, to be eligible for consideration.
4. **Essay.** Please see details on the application form.
5. **Three letters of recommendation.** The letters should be from at least two different sources (e.g. school, community activity, work). Letters cannot be from relatives. Letters should be written on letterhead & signed. (If application is e-mailed to committee, letters must be in the form of a signed .pdf file). Letters must be current and dated no earlier than six months before date of submission of application. All letters must be received by application deadline of **July 18, 2022**.
6. **Resume.** This document should summarize your education, work experience and extracurricular and community activities.

Additional Information

- Questions related to this scholarship should be directed to Rebecca Pryor, Education and Compliance Coordinator. E-mail Rebecca.Pryor@cchmc.org or call 513-636-5993 or 937-488-2008

Please send your application and supporting documents to:

Cincinnati Children's Hospital Medical Center
The Jean Turner Minority Scholarship Program
ATTN: Rebecca Pryor, Department of Radiology
MLC 5031, 3333 Burnet Ave.
Cincinnati, OH 45229-3039

OR e-mail to:

radiology@cchmc.org



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Name _____

Home Address _____

City and State _____ Zip Code _____

E-mail Address _____ Phone _____

Race _____ Ethnicity _____

High School _____ City _____ State _____

High School GPA _____

College Name _____ College GPA _____

Full Time Part Time- # of credits per semester _____

College Address _____

City and State _____ Zip Code _____

College Program _____ Director _____ Phone _____

I am working towards the following degree: (check one)

Certificate Associate's Degree Bachelor's Degree Master's Degree

How did you learn about The Jean Turner scholarship? _____

• **Essay Requirement-750 words or less**

We will be looking for unique qualifications and experiences as we review your scholarship application. Please identify your special talents or demonstrate your uniqueness and/or creativity. You may want to describe an incident or experience that demonstrates your leadership ability or provide details of a project you completed. **Submit an essay of no more than 750 words that will help us learn more about you.**

You might consider the following topics for your essay:

1. Why did you choose Radiology as a field of study?
2. Long-range personal and professional goals that you have set for yourself. Why did you choose them? How will you accomplish them?
3. Do you have a hobby or passion that helps to shape who you are?
4. How have your work or volunteer experience contributed to your personal development?
5. What experiences have you had that demonstrate leadership, commitment or follow-through?

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- List organizations and activities in which you have participated. Note any leadership positions held.

| YEAR | ORGANIZATION | OFFICE |
|----------|--------------|--------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

CERTIFICATION

I agree that the acceptance of the Jean Turner Scholarship indicates that I will accept or maintain enrollment in a professional radiology technologist program as a full-time or part-student. I agree to maintain 2.75 GPA in the program and provide a copy of grades at the end of each semester/quarter. I agree to meet all eligibility criteria established by the Cincinnati Children’s Hospital Medical Center (CCHMC). I hereby authorize my high school, college or university to release any needed information to CCHMC. I certify that the information provided is accurate and complete to the best of my knowledge. I agree to allow CCHMC to release my name, picture and school information to the local media.

Signature

Date

Please send your application and supporting documents to:

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The Jean Turner Minority Scholarship Program
ATTN: Rebecca Pryor, Department of Radiology
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