

# The Jean Turner Minority Scholarship for Medical Imaging Technology

Administered by Cincinnati Children's Hospital Medical Center – Radiology Department

As a young African American woman, Jean Turner began her career at Cincinnati Children's Hospital Medical Center, CCHMC, and the Department of Radiology in the 1960's working under the direction of the Radiology Chair, Frederick N. Silverman, M.D. Her 40-year career began as a Radiology File Clerk and she retired as a member of the Radiology Reading Room staff. Jean developed a love for Radiology, but noticed a lack of minorities in the growing and advancing field of Radiological Technology. After discussing this disparity with Radiology managers and leaders at Cincinnati Children's Hospital, the Jean Turner Scholarship Award was established in 2009, to create opportunities for minorities in the field of Radiology and to honor her 40 years of service in the Radiology Department. Supporting minorities who are interested in entering the field of Radiology is one way the Department of Radiology furthers our mission of excellence in imaging.

## **Purpose:**

The Cincinnati Children's Hospital Medical Center Department of Radiology wishes to promote the entrance of minorities into the field of Radiology. We support an increase in the diversity of Registered Radiologic Technologists in all medical imaging modalities-Radiography, CT, US, MRI, Nuclear Medicine, and Interventional Radiology.

## **Scholarship Award:**

- Maximum total scholarship payout is \$10,000
- \$2500 per semester, up to \$5000 per year, for a maximum of 2 years
- Payment will not exceed total of tuition and fees paid for the semester
- Payment will cover tuition and fees only
- Recipient must maintain a minimum GPA of 2.75 for each semester to be eligible for payment

## **Eligibility:**

- Applicant must be a member of an under-represented ethnic group in the field of Radiology
- Applicant's home address or college enrolled in must be located in Ohio, Kentucky or Indiana
- Applicant must be currently enrolled or accepted to an accredited Medical Imaging Technology program as a full or part-time student

## **Application Process:**

- Applicant may be a new or continuing student
- Applicant must submit a complete application packet
- Application packet requires an essay and 3 reference letters

## **Selection Process:**

- Scholarship student is selected for each academic year. Award may be for a 1 or 2-year scholarship and depends on applicant's grade level at the time of award.
- The annual application deadline is July 1. Recipient selection announcements are made on August 15.
- **2020-Due to COVID delays, the deadline will be August 4, 2020 with announcement by August 31, 2020**
- Evaluation of scholarship applicants is based on the contents of their application packet and successful completion of a small group interview.

## **Employment at CCHMC:**

- Employment in the CCHMC Department of Radiology after graduation is a goal and potential outcome of the program. Employment is not guaranteed. Employment opportunities are based on available job openings, candidate qualifications and the interview process.

# 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 August 4, 2020 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 15 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 **August 4, 2020**.
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](mailto: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](mailto:radiology@cchmc.org)

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Name \_\_\_\_\_

Home Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

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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? \_\_\_\_\_

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• **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:**

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](mailto:radiology@cchmc.org)