



## Student Scholarship

For office use only:  
Application # \_\_\_\_\_

# Evaluation Form

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### To the Applicant:

1. Your medical imaging instructor must complete this form and return it to you in a sealed envelope with his or her signature across the seal.
  2. Include the sealed envelope with your scholarship application packet.
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### To the Evaluator:

1. Thank you for completing this scholarship evaluation form. Your evaluation has a significant impact on the applicant's chances of receiving a scholarship. Blank sections give the applicant an automatic 0 points. A recommendation letter cannot be accepted in lieu of this evaluation form.
  2. Please fully complete Parts I-IV of this form. **Print clearly or type.**
  3. *Do not use the applicant's name* on the next page of this form since your evaluation must be blinded for review.
  4. Provide detailed, pertinent comments, including specific information about the applicant.
  5. Seal this form in an envelope and sign your name across the seal. The applicant has waived the right to review this evaluation form once it has been submitted to the NCSRT, Inc. Scholarship committee.
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### I. Evaluator Information

Name \_\_\_\_\_  
Title \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_

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### II. Imaging Science Program Certification

This certifies that \_\_\_\_\_ is enrolled in a  
*Applicant*  
imaging science program at \_\_\_\_\_  
*Name if Institution*  
Located at \_\_\_\_\_  
*Address City State ZIP*  
The student will graduate from this program in \_\_\_\_\_  
*Month/Year*



# North Carolina Society of Radiologic Technologists, Inc.

Affiliate of the ASRT

**Please do not identify the applicant by name on this page.**

### III. Assessment Table.

Please give us your appraisal of the applicant relative to other students by marking the appropriate boxes in the chart below.

	Always	Mostly	Sometimes	Never
This student demonstrates outstanding performance in the clinical and/or didactic setting.				
This student has an excellent rapport with patients, peers, and/or staff.				
This student is punctual, prepared and attentive.				
This student demonstrates excellent critical-thinking skills.				

### IV. Written Evaluation:

What separates the applicant from his or her peers as an imaging sciences student?

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Describe why you would want this student to provide care for your friends or relatives.

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Use the space below for additional comments concerning the applicant.

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Signature \_\_\_\_\_ Date \_\_\_\_\_



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**IV.**

What separates the applicant from his or her peers as an imaging sciences student?

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Describe why you would want this student to provide care for your friends or relatives.

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Use the space below for additional comments concerning the applicant.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail To:     The name and address provided on the scholarship page of the NCSRT, Inc website.