

**APPLICATION FOR
ELSEVIER FACULTY DEVELOPMENT SCHOLARSHIP**

Type or print in ink. Attach extra pages if necessary to answer an item.

Name

Mailing Address

City

State

Zip

Telephone ()

Email Address

Enrollment Status for the 2008-2009 academic year (check one)

Master's level program

Doctoral Program

Current Educational/Career Goals:

Name of graduate degree program enrolled in:

Additional Scholarship/Aid authorized

I declare the information provided is true, correct, and complete. I also understand any false statement may result in cancellation of this award. I understand if I am granted this scholarship I must be a graduate degree-seeking student pursuing a degree in education, healthcare, or imaging sciences. I understand I must carry at least 6 credits for the entire period of my award.

I authorize the Associate of Collegiate Educators in Radiologic Technology (ACERT) to release, upon request, the information regarding my application and eligibility to Elsevier, the organization granting this scholarship.

Signature _____ **Date** _____

**APPLICATIONS MUST BE SUBMITTED TO ACERT
NO LATER THAN DECEMBER 1st.
INCOMPLETE AND/OR LATE APPLICATIONS WILL NOT BE CONSIDERED.**

Applications must be submitted electronically to rwinters@astate.edu