

**APPLICATION FOR
AFTERCOLLEGE STUDENT SCHOLARSHIP**

Type information and submit electronically. Attach extra pages if necessary to answer an item.

Name		
Mailing Address		
City	State	Zip
Telephone ()	Email Address	
Current Radiologic Technology Program _____		
Program Director Signature _____		
Courses taken in current semester:		

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 student pursuing an associates or bachelors degree in radiologic technology/science. I understand I must be currently enrolled as a full-time student at the time of application.

I authorize the Associate of Collegiate Educators in Radiologic Technology (ACERT) to release, upon request, the information regarding my application and eligibility to AfterCollege, 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.
Send to rwinters@astate.edu**

