



## **RADIOGRAPHY STUDENT SCHOLARSHIP PROGRAM**

### **Description**

The Radiography Student Scholarship Program provides financial assistance to eligible Radiography students after completing their first Fall Term if enrolled in the Miami-Dade Community College A.A.S. degree in Radiography. This program is effective Spring 2002. The recipients will be selected based on the criteria defined by Miami Children's Hospital scholarship committee.

### **Program Strategy**

The Radiography Scholarship Program is designed to assist the radiography recipients during their challenging and rewarding experience in their field of study. This program not only benefits the student, but also allows Radiology Directors to assess the student's ability to adapt to the radiology environment. The candidates are selected from a pool of the "best in class candidates" academically. The program depends on the student's ability to not only apply radiography theory into practice, but to also use creativity and reasoning to face the challenging demand in radiology. Teamwork and interaction with fellow radiology technologists and directors will ensure the student a rewarding experience in working in a pediatric and acute care environment. Applicants should also demonstrate an interest to work in a pediatric environment.

### **Eligibility**

After completing the radiography degree, the radiography student will have the opportunity to work at Miami Children's Hospital in the capacity of a Radiologic Technologist. **Priority will be given to Miami Children's Hospital's employees or their children, and volunteers.**

- Individuals must be currently enrolled in the MDCC A.A.S. Radiography program and have completed at least their first Fall Term semester.
- Recipients must commit to work for one year at Miami Children's Hospital upon receipt of their Radiography degree for every year of scholarship benefit received.
- Individuals must maintain full-time enrollment (as described by the radiography program) in their radiography program.
- A GPA of 3.0 or better is preferred.
- Individual must demonstrate an interest in the pediatric field and participate in radiology volunteer programs.

For additional information on the Radiography Scholarship Program, please contact the Recruiter at Miami Children's Hospital at (305) 666-6511 ext. 2446, or visit us at [www.mch.com](http://www.mch.com).



Dear Applicant:

Miami Children's Hospital welcomes applications from qualified prospective radiography students. The application and selection process is simple and requires a minimal amount of time to complete. The following will be taken into account by the Radiography Student Scholarship Committee during the selection process:

- A completed Radiography Student Scholarship Application.
- A letter of acceptance into the radiography program.
- Two letters of recommendations (at least one from a radiography faculty and/or one from current or former supervisor).
- A brief essay describing your interest in pediatrics and your future goals.

Return all documents to:

**Miami Children's Hospital  
Human Resources  
3100 S.W. 62<sup>nd</sup> Avenue  
Miami, Florida, 33155-3009  
Attn: Recruiter**

Applications will be accepted throughout the year; however, we encourage you to apply by February 15<sup>th</sup> for the remainder of the program (four semesters). Every applicant will be assessed carefully and individually.

Our Scholarship Committee will review all application packets as soon as all required documents are received, and decisions will be made within two weeks of your file being completed. Students are informed of the Committee's decision soon thereafter. Consideration for the amount of scholarship will be based on all other scholarships or student reimbursements.



List seminars, clinicals, internships, applicable volunteer work, or special preparation which should be considered in evaluating your application

<u>TYPE</u>	<u>WHERE</u>	<u>WHEN</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FINANCIAL ASSISTANCE**

Are you currently receiving any assistance towards your radiography degree? If yes, Please indicate what type and the amount.

\_\_\_\_\_ Yes      Type \_\_\_\_\_      Amount:\$ \_\_\_\_\_

\_\_\_\_\_ No

Please check one (if applicable):

\_\_\_\_\_ I am employed at MCH      Title & Employee #: \_\_\_\_\_

\_\_\_\_\_ I am a child of an MCH employee      Name of Relative: \_\_\_\_\_

\_\_\_\_\_ I am a volunteer at MCH      Department Name: \_\_\_\_\_

\_\_\_\_\_ I am a new student enrolled in the program

I understand that if I accept the scholarship at Miami Children's Hospital, I will commit to one (1) year of employment at MCH for every year of scholarship that I have received. I also understand that if my GPA is less than the required 3.0 on a scale of 4.0, or if I drop a class after the deadline, or if I withdraw from the radiography program, then I will reimburse the scholarship amount that has been awarded to me. I understand that I must be in good standing at my school in order to be eligible for the scholarship.

**I certify that all statements made by me on this application are true and correct to the best of my knowledge and believe that I have not omitted any requested information. I agree that if selected, misrepresentation, falsification or omission of facts thereon, may be considered sufficient cause for denial, if and when discovered.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Miami Children's Hospital is an Equal Opportunity/Affirmative Action Employer. We welcome and encourage diversity in our workforce.

**For Official Use Only**

Date Application Received: \_\_\_\_\_

Applicant Recommended by Radiography Faculty: \_\_\_\_\_

Applicant selected for Interview: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Recommended by Committee: \_\_\_\_\_

Reasons\Comments:

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