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.
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. 62nd Avenue
Miami, Florida, 33155-3009
Attn: Recruiter

Applications will be accepted throughout the year; however, we encourage you to apply by February 15th 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.
Radiography Student Scholarship Application

GENERAL INFORMATION

Name ________________________________________________________________________

Last    First    Middle

Address ________________________________________________________________________

Street    Apt #    State    Zip Code

Social Security Number ______________________ Email Address ______________________

Telephone ______________________ Alternate Telephone ______________________

Do You Have A Legal Right To Work In The U.S.?  ____ Yes  ____ No
The Immigration Reform and Control Act of 1986 require that all new hires document their right to
work in the U.S.

EDUCATION

Name of School Attending:

Address:

Program of Study:

Degree:

Expected Graduation Date (mm/yy):

Current GPA:

EMPLOYMENT

Name of present or last employer: ________________________________

Address: ________________________________ Street    City    State    Zip Code

Dates of employment (please indicate month and year): __________/_________

Position Title: ________________________________

Supervisor Name: ________________________________ Telephone: ____________________

Reason for leaving: ________________________________
List seminars, clinicals, internships, applicable volunteer work, or special preparation which should be considered in evaluating your application

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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.
Date Application Received: ____________________

Applicant Recommended by Radiography Faculty: _______________________

Applicant selected for Interview: ____________ Date: _________________

Applicant Recommended by Committee: ____________________________

Reasons\Comments:
____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________