



# National Registry of Radiation Protection Technologists

P.O. Box 3084, Westerly, RI 02891  
NRRPT@NRRPT.org

(401) 637-4811 (ofc)  
(401) 637-4822 (fax)

## STUDENT SCHOLARSHIP APPLICATION FORM

This award may be presented to any student who is attending an accredited educational institution in a course of study in Health Physics or a closely related technical discipline. A one-time award of \$500.00 may be granted.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Home or Cell or Work Email Address

Name of Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Presently enrolled? YES / NO Accepted? YES / NO Advisor: \_\_\_\_\_

Degree Sought: \_\_\_\_\_ Department/Program: \_\_\_\_\_

Grade Point Average of most recent year of high school/college attendance: GPA \_\_\_\_\_ Scale \_\_\_\_\_

Quarters/Semesters Remaining: \_\_\_\_\_ Educational Intent and/or Goals: \_\_\_\_\_

Does your present employer provide educational benefits that would duplicate the **NRRPT** scholarship award? YES / NO

Total school related expenses expected during school year: \_\_\_\_\_

Total expected income (to include other aid or grants) during school year: \_\_\_\_\_

Summarize: 1) Previous Education and 2) Experience in Radiation Protection Field (resume may be attached):  
\_\_\_\_\_

I certify that the information provided by me is accurate and complete. I attest the scholarship money awarded to me will be used for items and activities related to my degree program. I also understand that if I am awarded this scholarship the NRRPT may use my name and/or likeness on its webpage, newsletter, or other media.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

Submit to: **NRRPT**, PO Box 3084, Westerly, RI 02891

Reviewed Date: \_\_\_\_\_  Approved  Denied **IF** denied, reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Authorized Amount: \_\_\_\_\_