



National Registry of Radiation Protection Technologists

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

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

MEMORIAL SCHOLARSHIP APPLICATION FORM

Awarded to children or grandchildren of NRRPT registered members who are attending an accredited educational institution in a course of study in Health Physics or a closely related technical discipline. Up to \$1000.00 may be granted annually with a maximum award of \$4000.00.

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____
Home or Cell Work

Relationship to Registered Member: _____

IF Employed, Employer: _____

Address: _____
Street City State Zip

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: _____

Explain why you need the **NRRPT** scholarship: _____

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 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: _____ Practitioner status verified ☐

Authorized Signature: _____ Authorized Amount: _____