

R H O D E  
I S L A N D  
C O L L E G E



RHODE ISLAND  
MEDICAL IMAGING



Lifespan  
School of Medical Imaging  
*Delivering health with care.™*

## RHODE ISLAND MEDICAL IMAGING ENDOWED SCHOLARSHIP GENERAL INFORMATION

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Devoted to supporting students who aspire to pursue a career in the diagnostic imaging field, Rhode Island Medical Imaging established the Rhode Island Medical Imaging Endowed Scholarship to be awarded annually to a deserving student in one of the following fields: Diagnostic Medical Sonography, Magnetic Resonance Imaging, RT Computed Tomography and Radiologic Technology.

**The Awards shall be merit-based and given annually for a value of \$2,000.** Awards shall be announced during the Fall term of the academic year and formally presented at the Medical Imaging Pinning Ceremony by a representative of Rhode Island Medical Imaging.

Upon receipt of the award, the scholarship will be credited to the recipient's account at Rhode Island College. Payment will be made to the Bursar's Office in two equal installments during the upcoming academic year after proof of registration as a full-time student is secured.

Should the selected recipient not enroll for any reason, the credit shall be voided and the balance shall revert to the principal of the fund.

### Selection Criteria and Process

- Applicants must be enrolled full-time at Rhode Island College
- Applicants must major in Diagnostic Medical Sonography, Magnetic Resonance Imaging, RT Computed Tomography or Radiologic Technology
- Applicants must have a minimum grade point average of 3.0 or higher
- Applicants must submit a typewritten 500-word **essay** describing their professional goals and how receiving the scholarship would impact achieving them.
- Involvement in activities that seek to improve society and advance Applicants' personal or professional growth is highly desirable



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**RHODE ISLAND MEDICAL IMAGING ENDOWED SCHOLARSHIP  
APPLICATION FORM**

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**2022-2023 Application Deadline: NOT OPEN**

Please send your completed, signed **application** to [INSERT NAME and EMAIL HERE] with the email subject **RIMI Scholarship**.

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**Student Applicant's Legal Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**RIC Student ID:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**GPA:** \_\_\_\_\_ **Expected Month/Year of Graduation:** \_\_\_\_\_

**Fall 2021 full-time enrollment status:** Junior \_\_\_\_ Senior \_\_\_\_

**Other aid student applied for/may receive for academic year 2021-2022 (grants, scholarships, waivers, awards, etc.):**

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**In what way would you benefit by receiving this full-tuition award? (500-word limit)**

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**List of Extra-curricular or other activities (not required):**

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**Student Attestation & Signature**

I acknowledge that I have completed this form accurately and truthfully and that I meet the criteria to apply for the Rhode Island Medical Imaging Scholarship. I authorize the Scholarship Committee to request and review my relevant educational and financial records necessary to determine my eligibility for this scholarship.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_