

NRRPT Scholarship Application Form

Name: _____
Last First Middle Yr. of NRRPT Registry

Social Security Number: _____ No. of Dependents _____

Address: _____
Street City State Zip

Telephone: _____
Home Work

Employer: _____

Address: _____
Street City State Zip

Name of Education 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 _____

Attach photocopy of SAT or ACT scores, date taken: _____

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.

Signature Date