DON MARSHALL SCHOLARSHIP APPLICATION FORM

This award may be presented to one or two NRRPT registered members each year who are planning on attending an accredited educational institution in a course of study in Health Physics or a closely related technical discipline. The amount granted is at the discretion of the Board.

Name: _____
　　　　　Last　　　　　　　　　First　　　　　　　　Middle　　　　Yr. of NRRPT Registry

Address: _____
　　　　　Street　　　　　　　　　City　　　　　　　　　State　　　　Zip

Telephone: _____
　　　　　　　Home or Cell　　　　　　　　　　　　　Work

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:_____

Authorized Signature: _____   Authorized Amount: _____