**RADIATION THERAPISTS OF WISCONSIN**

**Scholarship for Advanced or Graduate Degree**

**Application Form**

Applicant’s name:

Address

Phone number daytime evening

Email

Fax (optional)

Years of experience as a registered: radiation therapist dosimetrist

Approximate length of membership in RTOW (include dates): \_\_\_\_\_\_\_\_\_\_\_

List RTOW offices held or other service to the organization:

Earned Degrees and certifications Educational Institution cumulative GPA

Current Degree being sought Institution where enrolled Current cumulative GPA

Credits earned toward the degree Required credits remaining

List any other scholarships awarded for your work toward this degree (include tuition reimbursement from an employer)

Submit this form, an official grade transcript, and a one page essay (double-spaced) explaining why and how the degree sought will enhance your contribution to the profession of radiation therapy and/or its advancement, by January 31 to the RTOW President