



SONONOTES CONTINUING EDUCATION SCHOLARSHIP

The **SONONOTES Continuing Education Scholarship** supports one student/sonographer yearly with payment of one registry fee. It is a continued education-based scholarship awarded to those associated with the ultrasound profession who are eager to successfully pass registries through the ARDMS. Applicants are recognized for their desire to expand their knowledge in the ultrasound field and become part of a community of sonographers that promote quality care and patient safety.

SONONOTES will accept applications from students who have successfully passed the ARDMS SPI exam and from registered sonographers who are seeking to obtain an additional credential. The application and required documentation must be postmarked by **May 25** and mailed to the address below. *Late applications will not be accepted.* SONONOTES CONTINUING EDUCATION Scholars will be notified via email and letter after the selection process is over. Scholarships will be disbursed in August.

Eligibility Requirements:

Applicants:

- Must be a current sonography student or registered sonographer
- If you are a student:
 - Provide an ARDMS number and proof of successfully passing the SPI examination.
 - Have a cumulative GPA of 3.0 or higher
- If you are a sonographer:
 - Provide an ARDMS number and be in good standing with the ARDMS.
- Submit a completed application to:

SONONOTES Continuing Education Scholarship

P.O. Box 1102
Troy, VA 22974

We are not responsible for the mishandling of your documents. Tracking is always encouraged.

Applicants **MAY NOT**:

- Submit more than one application or have been awarded the ***SONONOTES Continuing Education Scholarship*** in the past or your application will be **void**.

DEMOGRAPHICS

Full Name: _____ ARDMS # _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (_____) _____ Secondary Phone: (_____) _____

Email: _____

Date of Birth: ____/____/____

Are you a student? YES NO

Are you a sonographer? YES NO

Gender: MALE FEMALE

Race: (Circle One)

American Indian or Alaskan Native Asian Black or African American

Hispanic or Latino Native Hawaiian or Pacific Islander White or Caucasian

Two or More Races

EDUCATION

Current College Information:

College & Campus currently enrolled? _____

Degree currently seeking? _____

Current Major: _____

Number of credits you have completed:

ESSAY (All questions must be answered to remain eligible)

Discuss why/how you made the decision to become a sonographer. Explain why obtaining another registry or becoming registered is important to you. How does continuing education as a professional in the ultrasound field affect your future aspirations and the quality of patient care that you provide? Cite which registry you will use the scholarship for. (500 word minimum)

ONE LETTERS OF RECOMMENDATION (Must be on a letterhead)

Attach one letter of recommendation from an academic or professional reference. This individual should know you well and should comment on your academic abilities, your leadership experience, and your commitment to your education and making an impact in the ultrasound field.

The academic reference can be either a current or former faculty or staff member from your college that cites specific examples of how you have demonstrated academic progress and excellence.

Your leadership reference can be either from a current or former manager/supervisor or radiologist that can speak on your skills as a sonographer and leader.

Recommenders contact information for verification:

Academic Reference

Full Name: _____

Title: _____ Phone: _____ Email: _____

Leadership Reference

Full Name: _____

Title: _____ Phone: _____ Email: _____

ATTACHMENTS

To determine eligibility, all three (3) items must be attached to this application.

1. **TRANSCRIPT(S)** (for students only) – Attach a copy of your unofficial transcript. Transcript(s) must reflect all coursework taken at your college in support of your degree, reflecting a minimum cumulative 3.0 GPA or higher.
2. **WRITTEN COMPONENT** – Essay
3. **ONE LETTER OF RECOMMENDATION**
4. **PASSPORT PICTURE** (to be used on the website as a recipient)

WAIVER

I agree to allow myself to be placed in the SONONOTES CONTINUING EDUCATION SCHOLARSHIP competition. The information I have submitted is true to the best of my knowledge. I understand that the contents of this application are subject to verification and I acknowledge that if any of the contents of this form are untrue or if I engage in activities inconsistent with being held up as an outstanding student or sonographer, I could be disqualified even after notification. I understand that should I be named as a SONONOTES Scholar, anything submitted as part of this application could become available to the public. If selected as a scholar, I understand my name and application contents may be shared on the SONONOTES website at www.sononotes.com. I understand as a scholarship recipient a check in the amount of the registry up to \$250 will be mailed to me and any funds received must be used to pay for an ADRMS registry examination.

Applicant's Signature: _____

Date: _____