



Scholarship Application

Name _____ Date _____

Address _____

Email Address _____

Application Checklist (the following **MUST** be included in the application submission):

Therapist Applicant:

Please provide the following:

- Cover letter with contact information
- Documentation of NESRT membership
- Documentation of ARRT Registration
- Documentation of enrollment in an educational program
- Two letters of support
- Three copies of the essay with no identifying information (no name, hospital name, etc)

Student Applicant

Please provide the following:

- Cover letter with contact information
- Documentation of NREST membership
- Documentation of enrollment in an accredited New England Radiation Therapy Program
- Verification of a GPA ≥ 3.0 or equivalent
- Two letters of support
- Three copies of the essay with no identifying information (no name, hospital name, etc)

Submit the application information to:

nesrtherapist@gmail.com