



**Northwest Association for Radiologic & Imaging Nursing (NWARIN)
Candidate for Scholarship Evaluation Form**

Scored by _____ Total Points Scored _____

Applicant Name _____

CRN Exam Scholarship Application
or
ARIN Spring Conference Scholarship

- Application complete and verified
 - Currently works within radiologic and imaging nursing, position:
 - Active member of NWARIN, date joined:
 - CRN certified
 - Past involvement in NWARIN:
 - Confirmed willingness to serve, conversation initiated by

Criteria	Disagree	Somewhat agree	Agree	Strongly Agree
The nominee is actively engaged in and/or has special knowledge related to radiologic and imaging nursing.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
The nominee possesses qualifications to be eligible to receive the scholarship.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
The application indicates that the applicant has shown criteria to be eligible to receive the scholarship.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Nominee demonstrates leadership and is a role model for excellence in radiologic & imaging nursing.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
The application reflects a career trajectory demonstrating progressive responsibility and professionalism.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Follow up conversation required for clarification of the following items:

Comments