



AUGUSTA UNIVERSITY

Department of Medical Laboratory, Imaging and Radiologic Sciences Student Award Information Sheet

This form is to be used for upcoming awards and scholarship nominations. It is requested that all students update this form as needed during their time at AU.

Name _____
Last First Middle

Local Address _____
Street City State Zip Code

Local Phone Number _____ Do not use after _____

Permanent Address to which all future mailings can be addressed after graduation:

Street City State Zip Code

Email Address: _____

AU GPA to date: _____

INSTRUCTIONS FOR LISTING ACTIVITIES

1. For the following, give complete name and brief description of organizational activities since high school, particularly those at AU. Consider these carefully, as these activities are part of the whole individual and the things that are scored high as they exceed the academic and curricular expectations of the student technologist.
2. Give approximate time actively engaged in each organization and/or activity.
3. Describe clearly your roles and responsibilities for each organization or activity, indicate offices held, accomplishments of your efforts, awards earned, and what you gained from your participation in the organization or activity.

HIGH SCHOOL AND COLLEGE ACTIVITIES:

PROFESSIONAL NMT ACTIVITIES:

COMMUNITY ACTIVITIES:

ORGANIZATIONAL AND VOLUNTEER ACTIVITIES AND AWARDS:

Essay