



NEW YORK STATE SOCIETY OF RADIOLOGIC SCIENCES, INC

Essay Submission Application Form (please print clearly)

Name: _____ Tel# _____

E-Mail: _____

Address: _____
Street address City/town State Zip code

School: _____ Tel# _____

Address: _____
Street address City/town State Zip code

To be completed by Program Director:

This applicant is enrolled as a student in the accredited radiography/radiation therapy program identified above.

Tel# _____

Program Director – PRINT

E-Mail: _____

Program Director Signature

To be completed by Student:

I am a student member of the NYSSRS, Inc. I have satisfied all of the essay rules of eligibility.

Student Signature

NOTE: A copy of a current NYSSRS membership card OR a completed notice from the membership page at nyssrs.org must accompany this form in order for it to be processed.

DEADLINE: Completed form, 1 essay with author's names and address on the title page, 3 blind copies that include the title and proof of membership must be postmarked no later than July 15, 2020.

Mail complete package to: Paulette Peterson
837 Sun Valley Drive
North Tonawanda, NY 14120

Nyssrs2020