

**New York State Society of Radiologic Sciences, Inc.**  
**Essay Submission Form**

Name: \_\_\_\_\_

Tel# \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

School: \_\_\_\_\_ Tel# \_\_\_\_\_

Address: \_\_\_\_\_

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**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 application with a check payable to NYSSRS, Inc must accompany this form in order for it to be processed.*

**DEADLINE: Completed form, essay, blind copy and proof of membership must be submitted no later than September 25, 2021 to [ann.verschuuren@sunyorange.edu](mailto:ann.verschuuren@sunyorange.edu)**

**Also e-mail 1 blind copy to:** [kbolognese@monroecc.edu](mailto:kbolognese@monroecc.edu)