

**Thomas C. Deary, Jr. Scholarship  
For Registered Radiographers  
Application**

**Please type or print application. (black or blue ink)**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Year Graduated High School: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

Name of School Currently Attending: \_\_\_\_\_

Note: If applicant is married, please use space for information on father, mother, brother, or sister to record information about husband, wife or children. *(Please circle the title that applies)*

Father/Husband Name: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother/Wife Name: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Brothers/Sisters/Children (Ages & Year in School): \_\_\_\_\_

Have you held any jobs while a student? Please list. \_\_\_\_\_

To which College/University have you applied? Indicate the College/University where you have been accepted. \_\_\_\_\_

Please list any community activities, services or achievements you have been involved in or have received. \_\_\_\_\_

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**LIST THREE REFERENCES:\***

Name & Address:

School or Employment:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**\* Guidance Counselor must be one reference for High School Students**

**NOTE: This application form must be completed in its entirety and accompanied by the following information:**

1. Transcript of current grades. (if applicable)
2. Numerical standing in class.
3. Letter of recommendation from three references listed above.
4. Attach a personal statement, one page or less, as to why you should be selected for this scholarship.
5. Current photograph (*Student ID or Driver's License*)

**Please mail to: Day Kimball Healthcare  
Development Office  
Patricia Hedenberg  
P.O. Box 632  
Putnam, CT 06260-0632**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**