

South Dakota Society of Radiologic Technologists

Application for Student Mentor Program

Directions

Complete this form and submit to the SDSRT Board of Directors no later than January 1st.
Application forms submitted after this date will not be accepted.

Personal Profile

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ E-mail: _____

Education

Institution	Major	Degree Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Certification

I submit this application form for consideration as a participant in the student mentorship program. If chosen, I will comply with all requirements as stated in the guidelines.

Signature

Date

Applicant Statement

Please attach a one to two page narrative explaining how the student mentorship program will benefit you and "Why being an active member in a profession is important". The narrative should include, but not be limited to the following information:

1. Why do you believe you are a good candidate?
2. How will participating in the student mentorship program help you reach your future career goals and promote your professional organization?
3. How will you contribute to the support and growth of the SDSRT?

Submit Application to: Mitzi Drey, 3605 S. Florence Ave., Sioux Falls, SD 57103