

# NORMAH AND JOHN MILLER MEMORIAL SCHOLARSHIP

**Please read the information on this cover sheet carefully BEFORE completing the attached application.**

## **What is the Normah and John Miller Memorial Scholarship?**

The Normah and John Miller Memorial Scholarship was established to honor the work and teachings of Normah H. and John M. Miller to recognize their work in pioneering x-ray services in Oklahoma, particularly in rural medical practices, by providing scholarships to students within the field of Medical Imaging at the University of Oklahoma. For the academic year 2017-2018 there will one \$1000.00 scholarship awarded.

## **To be eligible for scholarship(s), candidates must meet the following criteria:**

Senior Radiography students in good academic standing with the University and expected to graduate by spring 2018.

- Must be a full-time, regularly enrolled student in the Department;
- Must be a student in the radiography program(s);
- Must have a minimum 2.5 grade point average on a 4.0 scale;
- Must have a demonstrated financial need;
- Is not a contributor to the Fund or an immediate family member of a contributor; and
- Must be enrolled in classes and/or interested in entering the medical imaging field as an x-ray technologist.

From those candidates who meet the selection criteria, priority consideration will be given to those who are either from a rural area or interested in serving a rural population.

## **Application Process**

You must complete the Free Application for Federal Student Aid, from Financial Aid Services, the attached application, and a statement of need, all in their entirety to be considered for the award. **PLEASE TYPE YOUR APPLICATION.** Include in your packet the application, the statement of need, a copy of your unofficial student transcript, and the student aid form.

Applicants must return the application, the statement of need, a copy of your unofficial student transcript, and a copy of the FAFSA, all collated and stapled together to room 3021, College of Allied Health.

No additional information should be attached as only the officially requested information will be considered by the committee.

## **Deadline**

The application deadline is 4:00 p.m. **Tuesday, November 21, 2017.** Applications will not be accepted after the deadline.

**Normah and John Miller Memorial Scholarship  
Application**  
Complete All Blanks. Please Type

**Student Information**

Name \_\_\_\_\_ S.S.# \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Your Sources of Income/Support**

Are you employed: Yes No \_\_\_\_\_  
If yes, name of employer

Number of months employed \_\_\_\_\_

Spouse/Parental/Other Additional Support? [List all that apply]

Name \_\_\_\_\_  
Last First Relationship Amount

Name \_\_\_\_\_  
Last First Relationship Amount

Name \_\_\_\_\_  
Last First Relationship Amount

**Personal Information**

Did you qualify for any grants or scholarships? Yes No Please list all you received below.

Name \_\_\_\_\_ Amount \_\_\_\_\_

Name \_\_\_\_\_ Amount \_\_\_\_\_

Name \_\_\_\_\_ Amount \_\_\_\_\_

Did you file an Income Tax return for the previous year? Yes No

If yes: amount of refund \$ \_\_\_\_\_ amount paid \$ \_\_\_\_\_

Do you have dependents for which you are financially responsible? Spouse: Yes No Parents: Yes No

Children: Yes No \_\_\_\_\_  
Number and ages of children

**Please note that this application will be considered incomplete without a separate typed statement of need in the students own words.**

All of the above information reflecting my financial circumstances is true and accurate.

Signature of Student Applicant: \_\_\_\_\_ Date: \_\_\_\_\_