



APCR

ASSOCIATION OF PROGRAM COORDINATORS IN RADIOLOGY

APCR Scholarship Application Form

PART ONE – PERSONAL DETAILS	
Name	
Address	
City, State, Zip	
Phone Number	
Email	

PART TWO – PROGRAM INFORMATION	
Institution	
Program Director	
Radiology Specialty	
Length of Time in Current Position	

Have you attended a previous AAR meeting? Yes No

If yes, please provide the year(s) of attendance

Have you presented at a previous AAR meeting? Yes No

If yes, please provide the year(s) you presented

Applicant Signature		Date	
---------------------	--	------	--

Program Director Signature		Date	
----------------------------	--	------	--