



ASSOCIATION OF PROGRAM COORDINATORS IN RADIOLOGY

820 Jorie Boulevard, Oak Brook, IL 60523-2251

(630) 368-3737

APCR Scholarship Program Application Form 2024

Name _____
Program Affiliation _____
Program Director _____
Program Address _____
E-Mail: _____
Phone: _____

Length of Time in Current Position _____

Have you attended a previous APCR meeting? Yes No

When and where? _____

Have you presented at an APCR meeting? Yes No

When and where? _____

Tell us in 100 words or less: (this may be an attachment)

- ┆ why you should receive this scholarship
- ┆ what you hope to gain from attending the APCR Annual Meeting

Applicant Signature

Program Director/Chairman
Signature

Please email completed application and picture to:

Ranitta McDowell
Program Coordinator
Department of Radiology
Emory University School of Medicine
rsmcdow@emory.edu