



**ADSA Academic
Excellence Award Application Form**

Please Print Clearly or Type

Name _____

E-Mail address _____ (print clearly)

Mailing Address _____

City _____ Postal Code _____

Home Phone _____ Work Phone _____

ADSA # _____ ARDMS# _____ CARDUP# _____

The **ADSA Academic Excellence Award** will recognize the efforts of one student who is presently **active ADSA member** . A certificate and monetary award will be presented to the successful recipients.

About The Award:

Student Award: Who May Apply - Any **Alberta Student Member** from the **2008-2010** program , who is an **Active ADSA member** and has successfully completed an accredited Alberta Ultrasound Training Program and successfully writes the **CARDUP – Generalist** certification exam in the same year. The 2011 Award will be given to the student with the highest academic mark from all applications received.

The Award will be presented at the fall ADSA/ASR conference in Banff , Ab Oct 21-23rd 2011

I understand my name and the information from my transcript may be released to the award selection committee and the scholarship donor. I understand the transcript I have submitted is otherwise, confidential and I give my permission for the transcript to be verified by the Cardup –certification committee. I certify the statements herein are true, such that the transcript has not been altered or adjusted in anyway.

Graduate student signature _____ **Date:** _____

The deadline for application is **June 30th 2011** . Qualifying applicants must send the completed application and a photocopy of your official CARDUP transcript to:

Roxanne Blacquiere
ADSA- Vice-President
C/o Diagnostic Imaging, Foothills Medical Centre,
1403- 29th St. NW, Calgary, AB T2N 2T9 ABC 87R-Special Services Bldg
Roxanne.Blacquiere@albertahealthservices.ca