



Lambda Nu

National Honor Society for the Radiologic and Imaging Sciences
Pennsylvania Sigma Chapter
Reading Hospital School of Health Sciences Medical Imaging Program
P.O. Box 16052
Reading, PA 19612-6052
pennsylvaniasigma@gmail.com

Student Application

1. Complete the following, with the name of student as it should appear on certificate. Please print legibly.

First

Middle (if desired)

Last

Mailing Address

City, State, Zip

Phone Number

Email Address

2. Criteria for student membership. **Check all that apply.**

***Please submit documentation.**

- Required:** Cumulative GPA 3.0 or higher on 4.0 scale after completing the fourth semester of an imaging sciences program at Reading Hospital School of Health Sciences.* (unofficial transcript forwarded to Lambda Nu Honor Society Pennsylvania Sigma Chapter at RHSHS)
- Required:** Enrollment in an imaging sciences program for at least four semesters at Reading Hospital School of Health Sciences.
- Required:** Evidence of professional commitment during enrollment beyond minimum requirements of the program which will include at least two of the following or equivalent:
 - Cumulative GPA 3.5 or higher.
 - Actively pursuing an independent research project.*
 - Clinical-based employment in an imaging sciences field.*
 - Minimum 4-hour attendance at medical imaging-based conferences/webinars during enrollment (verified by completed attendance certificate)
 - Actively holding an officer position in a school wide committee. (SGA, etc.)
 - Selected and served or are serving as a PSRT student intern or as participant in ASRT Student Leadership Development Program.*
 - Participation in 25 hours or greater of community service at time of application (verified as submitted through Alvernia University.) *
 - Other: Please specify _____

Please note: Students on clinical probation or final written warning at the time of application are not eligible to apply.

A one-time student induction fee of \$55 must be enclosed. Please enclose **2 checks** - make **check 1** in the amount of **\$30 payable to Lambda Nu** for the National Charter fee. Make **check 2** in the amount of **\$25 payable to Pennsylvania Sigma Chapter of Lambda Nu** for the Pennsylvania Sigma Chapter Fund.

Please submit completed application with required documentation and checks by one of the following methods:

- **In person:** Please place completed application with required documentation and checks in a sealed envelope labeled "Pennsylvania Sigma Chapter of Lambda Nu" and drop off at Reading Hospital School of Health Sciences M-F 8:00am-4:30pm.

- **Via mail to:**
Reading Hospital School of Health Sciences Medical Imaging Program
Attn: Pennsylvania Sigma Chapter of Lambda Nu
P.O. Box 16052
Reading, PA 19612-6052

“By my signature I hereby attest that I am enrolled in and in good standing at the institution of the above chapter. I further attest that I have met the criteria for membership as indicated above. “

Signature of Applicant

Date