



ASSOCIATION OF PROGRAM COORDINATORS IN RADIOLOGY

820 Jorie Boulevard, Oak Brook, IL 60523-2251

(630) 368-3737

APCR Scholarship Application

PART ONE – PERSONAL DETAILS	
Full Name	
Home or Institution Address	
Phone Number	
Email Address	
ACH or mailed check?	

PART TWO – PROGRAM & PROFESSIONAL INFORMATION	
Institution Name & Location	
Program Director Name	
Radiology Specialty/ Subspecialty	
Title & Years of Experience in Radiology	

Have you ever attended an AAR meeting? ☐ Yes ☐ No

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

Have you ever presented at an AAR meeting? ☐ Yes ☐ No

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

Applicant Signature		Date	
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Program Director or Chairman Signature		Date	
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