



American Society for Clinical Laboratory Science - Kansas SCHOLARSHIP APPLICATION

SCHOLARSHIP GUIDELINES

1. Applicant must be accepted into, enrolled in, and actively participating in a Kansas-based NAACLS-accredited program in Clinical Laboratory Science (CLS)/Medical Laboratory Sciences (MLS) or Clinical Laboratory Technician (CLT)/Medical Laboratory Technician (MLT). Previous recipients are not eligible.
2. Student application must be sent from the student's school email address.
3. Recommendation from the student's program director must be sent from the program director's school email address.
4. Only completed applications, including student application and program director recommendation, received on or before **March 17, 2025** will be evaluated. Send application materials to eelsinghorst@kumc.edu.
5. ASCLS-Kansas will evaluate the student's application using weighted criteria that includes:
 - a. Academic potential 50%
 - b. Financial need: 25%
 - c. Commitment to the health professions of Kansas and to the service of others 25%

Name:

Phone:

Permanent Street

City/State/Zip:

School E-mail Address:

ACADEMICS

Name School/University Laboratory Science Program:

Program Director:

Phone:

Anticipated Graduation or Completion Date:

Additional Colleges/Universities Attended and Degree Obtained:

SERVICE TO HEALTH PROFESSIONS AND COMMUNITY

Extracurricular college activities, related to laboratory medicine:

Professional organization membership, related to laboratory medicine (please list organization and offices held, if any):

Honors and citations, related to laboratory medicine:

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Volunteer or work experience, related to healthcare:

Brief Statement, describing your reasons for pursuing a career in laboratory medicine in Kansas and your goals in healthcare (use space below and additional space, as needed, not to exceed one page.):

FINANCIAL NEED

Anticipated Expenses Related to CLS/MLS

Tuition and Fees/Year:

Books/Year:

Other (specify):

Total:

Anticipated Sources of Income

Funds from Scholarships:

Funds from Parents/Others:

Total:

Additional Expense/Source Income which you would like to share with the Scholarship Committee, such as responsibilities as a single parent or sole support of family or primary care-giver. (optional):

Thank you for your application. Deadline for receipt of all application material is no later than March 17, 2025