**American Society for Clinical Laboratory Science – Iowa**

**Scholarship Application**

**Complete application, references and transcripts must be received by e-mail by April 3, 2023.**

Full Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Current Mailing Address

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Street City Zip

Phone #:­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current e-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent, non-school e-mail address (if different from above):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career Choice: \_\_\_\_\_\_\_MLT \_\_\_\_\_\_MLS \_\_\_\_\_\_\_Graduate

**MLS/MLT Students:**

Program to which you have been admitted or are currently enrolled :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital/School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Phone # of Program

Starting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently receiving or have you received any educational financial assistance?

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

If yes, list the source(s) of financial aid, and the amount of financial aid. (e.g. other scholarships, loans, etc):

Estimate the cost of schooling for next year:

Tuition charged by program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room/Board\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Misc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percent of tuition for which you the student are responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Institutions:List all institutions attended.

**Attach to email transcript for Post high school education**.

High School, College, Dates

University, Professional, Entered Left Degree or Date Received

or Technical Location Mo. Yr. M. Yr. Certificate or Expected

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Work Experience:

Employer Address Position Dates

References: Two References required. Send the Scholarship Reference Form to each Reference. The forms must also be received by e-mail by **April 3, 2023**.

1. Academic

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Phone

2. Science Laboratory Instructor

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Street City State Zip Phone

Please circle one of the below:

1. I do waive my right to access to these letters of recommendation.

2. I do not waive my right to access to these letters of recommendation.

\*\*\*Attach a paragraph of at least 100 words telling why you have selected laboratory medicine as a career choice, and what you hope to do after you graduate.

I certify that all information is complete and correct.

Signature Date

Send completed form to: ASCLS-IA Scholarship Committee

Sarah Beerends

scholarship.ascls.ia@outlook.com