American Society for Clinical Laboratory Science – Iowa
Scholarship Application

Application must be post marked by March 31, 2011

Full Legal Name _____
Last First Middle

Permanent Mailing
Address _____

Permanent Telephone _____

Current Mailing Address (if different than above):

_____
Street City Zip

Current e-mail address_____

Career Choice: _____MLT _____MLS _____Graduate

Program to which you have been admitted:

_____
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, the amount of financial aid, and attach copies of these applications.

Estimate the cost of schooling for next year:

Tuition charged by program _____
Room/Board_____
Misc. _____

Percent for which you the student are responsible: _____

Educational Institutions Attends:
List all institutions attend. **Attach official transcript**..

High School, College, University, Professional, or Technical	Location	Dates Entered Mo. Yr.		Left M. Yr.		Degree or Certificate	Date Received or Expected

Work Experience:

Employer	Address	Position	Dates

References: Send the Scholarship Reference Form to each Reference

1. Academic
Name: _____

Street City State Zip Phone

2. Science Laboratory Instructor
Name: _____

_____

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 approximately 100 words telling why you have selected laboratory medicine as a career choice.

I certify that all information is complete and correct.

Signature Date

Send completed form to:

ASCLS-IA Scholarship Committee
Janice Frerichs
222 Red Hill Ln
Iowa City, IA 52245
scholarship@ascls-ia.org