

**Alpha Mu Tau Fraternity  
and  
American Society for Clinical Laboratory Science E & R Fund Inc.  
GRADUATE SCHOLARSHIP APPLICATION**

**GRADUATE SCHOLARSHIP GUIDELINES**

1. Applicant must be a U.S. citizen or a permanent resident of the United States.
2. Applicant must be a member of ASCLS (American Society for Clinical Laboratory Science).
3. Applicant must be accepted into or currently enrolled in an approved Masters or Doctoral Program (Ph.D.) or Doctorate in Clinical Laboratory Science (DCLS) in areas related to clinical laboratory science including Clinical Laboratory Education or Management Programs.
4. Applicants cannot complete their education before the scholarship is awarded in September, 2020.
5. **Only type-written or word-process generated** applications will be evaluated; resumes/curriculum vitae/photos are not acceptable replacements for the application.
6. **A recipient may receive only one scholarship per education level.**
7. Required documents in addition to this application include **2 letters of recommendation (LOR), 2 performance score (PS) sheets and official college transcript(s).**
  - a. One LOR and PS should be from the Program Director, if enrolled in program; or Clinical Laboratory Supervisor, if accepted to program and not yet enrolled. One LOR and PS should be a personal reference (non-relative) regarding the applicant's work ethic. Letters of Recommendation and Performance Sheets must be submitted electronically by the evaluator directly to the AMTF email; [amtf scholarship@gmail.com](mailto:amtf scholarship@gmail.com).
  - b. Official transcripts from each college/university attended must be submitted electronically by the college/university directly to the Scholarship chair at [amtf scholarship@gmail.com](mailto:amtf scholarship@gmail.com).
8. Only **complete** applications received by **April 1, 2020** will be evaluated. All transcripts must be received by the deadline of April 1, 2020.

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GRADUATE SCHOLARSHIP APPLICATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Graduate School Name \_\_\_\_\_

Dean/Administrator/CEO \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Anticipated Graduation or Completion Date \_\_\_\_\_

Degree Sought: Master's Degree in \_\_\_\_\_

Doctoral Degree (Ph.D.) in \_\_\_\_\_

Doctorate in Clinical Laboratory Science (DCLS) \_\_\_\_\_

Length of Program \_\_\_\_\_

**Verification by Program Official:**

I certify that the applicant is currently enrolled in an approved Masters or Doctoral (Ph.D.) program, or Doctoral in Clinical Laboratory Science (DCLS) as indicated.

Signature of program official: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**ASCLS MEMBERSHIP**

**ASCLS Membership # (required)** \_\_\_\_\_

Month & Year joined \_\_\_\_\_ Dues paid until \_\_\_\_\_

Only Members of ASCLS will be considered for scholarships.

**I. EDUCATION/TRAINING**

Request **an official transcript from each college/university**. Official transcripts must be sent electronically by the college/university directly to the AMTF email; [amtfscholarship@gmail.com](mailto:amtfscholarship@gmail.com)

Complete the following table:

College/University	Dates Attended	Major	Degree Awarded

**II. HONORS AND CITATIONS** (explain significance and include date awarded, include only those that are related to College, or professional awards related to Clinical Laboratory Science. Do not include awards received during high school):

**III. VOLUNTEER, EXTRA-CURRICULAR OR WORK EXPERIENCE:** (List most recent first):

Employer/Organization   Position/job description   Dates of Service/Employment   Paid/Non-Paid

A. MLS and ASCLS related

B. Non-MLS related

IV. Anticipated Expenses Related to Course Work--calculated for the Academic Year (List the Timeframe _____)		V. Anticipated Sources of Income (List amount expected)	
<b><u>Tuition and Fees</u></b>	\$	<b><u>Scholarship(s):</u></b>	
<b><u>Books</u></b>	\$	Name:	\$
<b><u>Living expenses</u></b> (rent, mortgage, food, utilities) Specify	\$	Name:	\$
<b><u>Transportation costs</u></b>	\$		

<b>related to Course Work</b> (e.g. gas, car insurance, public transportation) Specify		<b>Loans</b>	\$
		<b>Full time Work</b>	\$
		<b>Part-time Work</b> (# of hours per week)	\$
		<b>Support from Parents/Others</b>	\$
<b>Total</b>	\$	<b>Total</b>	\$

**VI.** Check this box \_\_\_\_\_ if you are a single parent; and briefly explain your circumstances.

Check this box \_\_\_\_\_ if you are sole support of family; and briefly explain your circumstances.

**VII. OBJECTIVES:** Attach a statement (**500 words or less**) describing your interest and reasons for pursuing an advanced degree in Clinical Laboratory Science.

**VIII. SUBMISSION:** Applicant is responsible for assuring that all required documents have been submitted to the AMTF Scholarship Chair, at [amtf scholarship@gmail.com](mailto:amtf scholarship@gmail.com).

A completed submission consists of:

1. Completed application;
2. Signature by Program Director verifying admission to the specific graduate program;
3. Two letters of recommendation, submitted electronically by the evaluator directly to the AMTF email; [amtf scholarship@gmail.com](mailto:amtf scholarship@gmail.com);
4. Two Performance Sheets, submitted electronically by the evaluator directly to the AMTF email; [amtf scholarship@gmail.com](mailto:amtf scholarship@gmail.com);
5. Official transcripts from each college/university attended submitted electronically by the college/university directly to the Scholarship chair, Holly Weinberg at the AMTF email; [amtf scholarship@gmail.com](mailto:amtf scholarship@gmail.com).

**We will NOT notify applicants of missing documents and only COMPLETE application packets will be reviewed.**

If you want to be notified of receipt of your application, reenter your email address here:

\_\_\_\_\_.

Optional - list the name and address of your local/hometown newspaper for notification purposes.

Name of paper: \_\_\_\_\_

Address \_\_\_\_\_  
City State

Website or Email address \_\_\_\_\_

Application documents must be submitted to Scholarship Chair at [amtfscholarship@gmail.com](mailto:amtfscholarship@gmail.com).

Send Application documents **no later than April 1, 2020** to:

Holly Weinberg  
AMTF Scholarship Chair  
[amtfscholarship@gmail.com](mailto:amtfscholarship@gmail.com)

(Rev. 11/2019)