

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

Medical Laboratory Scientist UNDERGRADUATE 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 a NAACLS Clinical/Medical Laboratory Science accredited program.
4. Applicants must be ENTERING OR IN their last year of study in 2020;
 - i. January 1, 2020--December 31, 2020.
5. Only one application is needed for all of the MLS undergraduate scholarships awarded.
6. **Only type-written or word-process generated** applications will be evaluated; resumes/curriculum vitae/photos are not acceptable replacements for the application.
7. **A recipient may receive only one scholarship per education level.**
8. 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 an MLS/CLS Program Director/faculty member or any other academic faculty member. 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; amtfscholarship@gmail.com.
 - b. Official transcripts from each college/university attended must be submitted electronically by the college/university directly to the Scholarship chair at amtfscholarship@gmail.com.
9. Only **complete** applications received by **April 1, 2020** will be evaluated. Complete applications include all above listed required documents. Transcripts must be received prior to April 1.

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Name _____ Phone _____

Permanent Address _____ E-mail _____

City/State/Zip _____

Name School/University Laboratory Science Program _____

Program Director or Designee _____

Address _____ Phone _____

_____ E-mail _____

Anticipated Graduation or Completion Date _____

Verification by Program Official:

I certify that the applicant is currently enrolled in a NAACLS accredited program, entering or in their last year of study in 2020 (January 1, 2020-December 31, 2020) of MLS/CLS education, and in good academic standing.

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

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, 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)	
<u>Tuition and Fees</u>	\$	<u>Scholarship(s):</u>	
<u>Books</u>	\$	Name:	\$
<u>Living expenses</u> (rent, mortgage, food, utilities) Specify	\$	Name:	\$
<u>Transportation costs related to Course Work</u> (e.g. gas, car insurance, public transportation) Specify	\$	<u>Loans</u>	\$
		<u>Full time Work</u>	\$
		<u>Part-time Work</u> (# of hours per week)	\$
		<u>Support from Parents/Others</u>	\$
Total	\$	Total	\$

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 a career in Clinical Laboratory Science; **include your short- and long-term goals.**

VIII. **SUBMISSION:** Applicant is responsible for assuring that all required documents have been submitted to the AMTF Scholarship Chair, at amtfscholarship@gmail.com.

A completed submission consists of:

1. Completed application;
2. Signature by Program Director verifying admission to the program;
3. Two letters of recommendation, submitted electronically by the evaluator directly to the AMTF email; amtfscholarship@gmail.com;
4. Two Performance Sheets, submitted electronically by the evaluator directly to the AMTF email; amtfscholarship@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; amtfscholarship@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.

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

Holly Weinberg
AMTF Scholarship Chair
amtfscholarship@gmail.com