

You could receive one of the \$500 scholarships awarded by the American Society for Clinical Pathology. We are searching for the best future medical laboratory professionals. If you are currently enrolled in or a recent graduate of (within the last 9 months from the date this application is filed) an approved phlebotomy training program, you may be eligible to receive one of the scholarships. Students who are completing phlebotomy training as a component of a MT/CLS/MLS or MLT/CLT Program are not eligible for a phlebotomy scholarship.

**Approved programs include:**

- NAACLS-approved phlebotomy program
- Phlebotomy program approved by the applicant's State Department of Health Sciences
- Phlebotomy program that meets the ASCP Board of Certification Route 2 eligibility criteria

**Selection Criteria**

- Professional goals
- Leadership abilities
- Community activities

Postmark deadline: November 15, 2010

**Applicant Information** (Type or print clearly)

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Name

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Address

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City	State	Zip Code
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Telephone	ASCP Membership Number*
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Email

Are you related to any staff members, board members, or officers of the ASCP?     Yes     No

**Application Instructions**

1. You may photocopy this application form.
2. Please type or print neatly.
3. You must complete the entire application.
4. Enclose two letters of recommendation from individuals who are not members of your immediate family. The letters should be from faculty members, program directors or other persons who can address such areas as your leadership in school and community activities, and potential for success in the profession.
5. Enclose an essay (500 words or less) telling us about:
  - Your professional goals and how you plan to achieve them.
  - What makes you one of the best students in the nation.
6. List, for the last 3 years, your leadership and community activities, work experience (if any) and any awards or honors that you have received, in a resume format with a description of your involvement.
7. Enclose the completed application and all supporting documents in a single envelope. Include a certificate of completion for a Phlebotomy program, if available.
 

Community service activities include a wide range of possibilities from giving your free time to help a civic or non-profit organization in area to volunteering your time to tutor fellow students.

Leadership activities include any activity in which you take a lead role to organize, supervise, or represent a group of people or a project. This includes typical roles like serving as a class representative, a student government member, or a club officer but it may also include less commonly thought of activities like organizing and leading a study group or coaching a team.
8. Please include a self-addressed stamped envelope for notification of the scholarship selection decision. Acknowledgement of your application will be emailed.
9. The postmark deadline is November 15, 2010.  
 Our address is: ASCP Student Scholarships Program  
 33 West Monroe St, Suite 1600  
 Chicago IL 60603-5617
10. Recipients of the ASCP Student Scholarships are notified by mail no later than February 18, 2011. Scholarship checks are mailed in March 2011.

\*ASCP Student Membership is an eligibility requirement for ASCP Scholarships.

**Course of Study Information**

List current or recent phlebotomy education, including all schools attended below.

1. School/Institution

Dates Attended (MM/YY–MM/YY)

Type of degree, diploma or certificate awarded (if any)

2. School/Institution

Dates Attended (MM/YY–MM/YY)

Type of degree, diploma or certificate awarded (if any)

3. School/Institution

Dates Attended (MM/YY–MM/YY)

Type of degree, diploma or certificate awarded (if any)

4. School/Institution

Dates Attended (MM/YY–MM/YY)

Type of degree, diploma or certificate awarded (if any)

**Program Information**

Name of approved phlebotomy program.

Program Name

Program Director

Program Address

City

State

Zip Code

Program Director Email

**Applicant Declaration and Verification**

The application will not be reviewed without the proper signatures. I am a United States citizen or permanent resident, 18 years of age or older, and certify that the information given in this application is true to the best of my knowledge. I also understand that no materials submitted as part of the application will be returned.

Applicant Signature

Date (MM/DD/YYYY)

**Program Official Verification**

I certify that the applicant is currently enrolled in or is a recent graduate of (within the last 9 months) an approved phlebotomy training program.

Program Official Signature

Date (MM/DD/YYYY)

Title

Estimated date that the applicant will complete program

**Application Checklist and Mailing Instructions**

Incomplete application packets will not be returned and are not reviewed.

- Signed application
- Two letters of recommendation
- Essay and activities list
- Self-addressed, stamped return envelope
- ASCP Membership number

Mail to: ASCP Student Scholarship Program  
33 W. Monroe St., Suite 1600  
Chicago, IL 60603-5617

**THE POSTMARK DEADLINE IS NOVEMBER 15, 2010.**