

You could win 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 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 Registry Route 2 eligibility criteria

Selection Criteria

- Professional goals
- Leadership abilities
- Community activities

Postmark deadline: November 11, 2009

Visit ASCP online at www.ascp.org

Applicant Information *(Type or print clearly)*

Name

Address

City State Zip

Daytime Telephone ASCP Membership Number*

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.
8. Please include a self-addressed stamped legal-sized envelope for notification of the scholarship selection decision. Acknowledgement of your application will be emailed.
9. The postmark deadline is November 11, 2009. 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 16, 2010. The Scholarship checks are mailed during March 2010.

*ASCP Student Membership is an eligibility requirement for ASCP Scholarships

Course of Study/Program

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

Email

Applicant Declaration and Verification

The application will not be reviewed without the proper signatures. I am a United States citizen or a 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 can 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 applicant will complete program

Application check list and mailing instructions:

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

- Signed application
- Two letters of recommendation
- Essay and activities list
- One self-addressed, stamped legal-sized return envelope
- ASCP Membership number

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

The postmark deadline is November 11, 2009