



Requirements

If you are interested in applying, please provide:

1. A completed application form including your ASCP Resident membership number.
2. A current headshot (e-mailed, in .jpg format with 200 x 300 pixels at 72 dpi)
3. Current CV.
4. A letter of intent stating interest in health policy and/or issues related to the future of pathology and laboratory medicine (no more than 500 words). Include your objectives for obtaining the grant.
5. Your Program Director's signature.
6. Examples of participation with ASCP (if any).

Deadline: January 17, 2012

For questions, please contact @ betty.sanders@ascp.org or 312.541.4978

After you've completed this application:

Mail, email or fax your entire application to:
American Society for Clinical Pathology
Resident Council 2012 "Hill Day"
c/o Membership
33 W. Monroe St, Suite 1600
Chicago, IL 60603-5617
Email: betty.sanders@ascp.org
Fax: 312.541.4767

Last Name:

First Name:

Middle Initial:

Are you/have you served as an ASCP Resident Representative Committee member

Mailing Address:

Phone:

Year in Residency:

Email:

Program Director's Name:

Institution Name:

Institution Address:

Program Director's Signature:

Applicant's Signature:

Date:

ASCP Membership Number:



Application Check List:

- Completed Application Form
- ASCP membership #
- Current headshot
- CV
- Letter of Intent
- Approval signature from Residency Program Director