



### Requirements

If you are interested in applying for a grant, please provide the following:

1. Completed grant application form.
2. Letter of intent (no more than 500 words) written by you describing the proposed rotation.
3. Confirmed letter from your residency Program Director
4. Confirmed letter from the accepting institution.
5. Current curriculum vitae.
6. Your ASCP Membership number.

### After you've completed this application...

Mail entire application to:  
 American Society for Clinical Pathology  
 Resident Council Subspecialty Grant  
 c/o Membership  
 33 W. Monroe St., Suite 1600  
 Chicago, IL 60603-5617 or

FAX entire application to: 312.541.4767

For questions, please email [betty.sanders@ascp.org](mailto:betty.sanders@ascp.org).  
 The ASCP is proud to offer this grant to residents and will continue to pursue avenues to promote resident education.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

ASCP Membership Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Program Director's Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The mission of the American Society for Clinical Pathology is to provide excellence in education, certification, and advocacy on behalf of patients, pathologists, and laboratory professionals.

**Application checklist... did you include:**

- Letter of intent (500 words or less)
- Confirmation letter from Program Director
- Confirmation letter from accepting institution
- Current curriculum vitae
- Completed application form with signatures
- Your ASCP Member number