

The American Society for Clinical Pathology has established a National Student Honor Award to recognize excellent students in the laboratory professions.

Honor certificates will be mailed to Program Directors in April for presentation at convocation/graduation ceremonies.

### Eligibility Requirements

To be eligible for an Honor Award, you must:

- be a student member of ASCP *and*
- have junior or senior standing in an accredited MT, CT, or HTL program; *or*
- be enrolled in an accredited hospital based MT program, *or*
- be completing a clinical internship for an accredited MT or CT program, *or*
- have second year standing in an accredited MLT or PA program, *or*
- be enrolled in a PBT or HT program, *and*
- have a minimum GPA of 3.3 on a 4.0 scale (PBT or HT excepted)

### Selection Criteria

- Academic achievement (cumulative GPA)
- Leadership and/or community service activities

### Application check list...did you:

- Complete the entire application?
- Sign the completed application?

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

Mail to:  
ASCP Student Honor Award Program  
33 West Monroe Street, Suite 1600  
Chicago, IL 60603-5617

or FAX to:  
ASCP Student Honor Award Program  
312.541.4767

For questions about membership, please contact I 312.541.4950

### Postmark deadline: March 2, 2010

\*If you are not a student member and wish to apply for this award, please submit both applications in one envelope.

**Student Information:** (type or print clearly, as you wish it to appear on the certificate)

Student Name \_\_\_\_\_

ASCP Membership Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

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

Course of Study/Program: (check one)  
 CT  HT  HTL  MLT  MT  PA

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

Program Director: \_\_\_\_\_

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

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

Community service activities: (e.g. volunteer tutoring or service at health fairs, clinics, shelters, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Leadership activities: (e.g. class representative; student government; group officer)  
\_\_\_\_\_  
\_\_\_\_\_

Student GPA: \_\_\_\_\_

I certify that the information given above is true to the best of my knowledge.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I verify that the above student is enrolled in the program and that the GPA is accurate.

Program Director: \_\_\_\_\_

Date: \_\_\_\_\_