



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

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: _____

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, 2009

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

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: _____