



Medical Laboratory Science & Medical Laboratory Technician
ASCLS-MN Scholarship Application

Part I

Basic Information

First Name Last Name

Street Address

City State Zip Code

E-mail Address

College / University you currently attend

Cumulative GPA

Expected Graduation Date (mm/yyyy)

Part II

Current Academic Year Financial Information

A. **Personal annual employment income:**

B. **Other non-debt sources of income** – select all that apply and enter amount

-Parental contribution to student's education:

-Scholarship(s):

-Other:

C. **Tuition debt (include loans)** – total amount:

Part III

Dependents

Are you claimed by anyone as a dependent? Yes No

Do you have any dependents? Yes No If yes, how many?

Part IV

Activities and Affiliations

List any honors, science related activities or organizations in which you have participated during your college/university experience. Include name of honor/activity, number of years and the title of any offices held.

1. Are you or have you been a member of ASCLS? No Yes Year Joined

2. Are you or have you been a member of ASCP? No Yes Year Joined

3. Have you applied to a NAACLS accredited program? No Yes

4. Have you been accepted into a NAACLS accredited program? No Yes

5. If you checked **Yes** to either 3 or 4, which of the following programs are you or will you be attending?

HCMC-Hennepin Healthcare - MLS Alexandria Tech College-MLT

University of Minnesota-MLS Hibbing Comm. College-MLT

Mayo Clinic- MLS Lake Superior College-MLT

Saint Cloud State University-MLS North Hennepin Comm -MLT

Winona State University-MLS Rasmussen College-MLT

MN State Community & Tech. College-MLT South Central College-MLT

MN West Community & Tech. College-MLT St. Paul College-MLT

Other, Please Specify

In what areas do you provide Community Service? List briefly.

Additional Comments: Provide information as to why you may be considered as an exceptional applicant for this scholarship (250 words maximum).

Part V	References
---------------	-------------------

It is your responsibility to contact and request two references; one advisor and one science instructor. Please ask your reference to download the appropriate reference form from the ASCLS-MN website to their desktop, complete the document, label as indicated, and attach to an email to asclsmnscholarship@gmail.com. Complete this section with the contact information for each reference:

Reference 1 - Science Professor or Program Faculty Advisor

Name of Reference

Title

Email Address

Reference 2 - Program Director

Name of Reference

Title

Email Address