



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

Financial Information

Total Student Loan Debt (self only)

Expected Family Contribution

(as indicated on most current FAFSA)

Grants & Scholarships Received

(current academic year)

Part III

Dependents

Are you claimed by anyone as a dependent?

Yes

No

Do you have any dependents?

Yes

No

If yes, how many?

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

Argosy University-MLT

Mayo Clinic- MLS

Hibbing Comm. College-MLT

Saint Cloud State University-MLS

Lake Superior College-MLT

Argosy 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