

American Society for Clinical Laboratory Science-Ohio

The American Society for Clinical Laboratory Science – Ohio (ASCLS-OH) announces the availability of at least three scholarships for students pursuing a career in Medical Laboratory Science / Medical Technology. The *minimum* scholarship amount is \$500 and a one year paid membership to ASCLS.

To be eligible for an ASCLS-Ohio scholarship, the applicant must have:

1. Proven academic success as evidenced by overall college GPA
2. Specific knowledge of the medical laboratory profession
3. Demonstrated success and acknowledgement of the following principles and standards by which laboratory professionals practice in their profession to include:
 - Integrity
 - Sound judgement
 - Reliability
 - Commitment to lifelong learning
4. Effective and appropriate written communication
5. Financial need
6. Minimum 2.5 G.P.A.

SCHOLARSHIPS AVAILABLE:

1. ASCLS-Ohio General Scholarship: Eligible applicants will be enrolled in the final/clinical year of an accredited medical laboratory science program of (MLS/MLT) an Ohio college/university. Membership in ASCLS is not required but helpful, as it is used in judging.
2. Geraldine Diebler/Stella Griffin Memorial Scholarship: Facilitated through ASCLS-Ohio, this scholarship requires eligible applicants to be enrolled in the final/clinical year of an accredited medical laboratory science program (MLS/MLT) of an Ohio college/university in the Akron/Canton/Steubenville area. Membership in ASCLS is not required but helpful, as it is used in judging.
3. ASCLS-Ohio Member Scholarship: Eligible applicants **must** be a member of ASCLS-Ohio and enrolled in a program that will help them succeed in the profession of clinical laboratory science. This is open to certificate, undergraduate, and graduate level programs.

Application Procedure:

1. Complete the application form.
2. Submit a brief statement which describes your interest in clinical laboratory science and explains your financial need for a scholarship.
3. Submit a character reference from a responsible citizen, not a relative, commenting on the applicant's personal qualities listed above.
4. Submit two letters of recommendation from a school official, instructor, or academic advisor commenting on the applicant's aptitude for science, personal qualities and academic status (GPA).
5. Submit an official transcript from current college or university attending. Those applying for the member scholarship currently enrolled in graduate school should submit an undergraduate and graduate transcript.
6. Enclose the completed application and all supporting documents together in a single envelope. Emailed applications and reference letters will be acceptable. Please use subject line: ASCLS-Ohio Scholarship Application.

All documentation should be sent directly to the chairperson of the American Society for Clinical Laboratory Science-Ohio Scholarship Committee.

PLEASE SUBMIT ONLY ONE APPLICATION. Applicants will be considered for all scholarships for which they are eligible.

ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.

When to apply:

- Postmark Deadline for completed applications is November 15th of the current year. Time stamp for emailed materials will be 23:59 of November 15th.
- Recipients will be notified no later than February.
- Payment will be made directly to the scholarship recipient.
- Awards are for the academic or clinical year.
- Upon notification, selected recipients will be asked to verify acceptance of the award before the scholarship monies are sent.

Applications and Questions should be submitted to chair of the scholarship committee:

**Tom Belko
26583 Township Road 31
Warsaw, Ohio 43844
thebelkofamily@gmail.com
(740) 824-5014**

Part I: Basic Information

Name:(first, MI, last)

Street Address:

City, State, Zip

E-mail

Phone Number:

Are you a current member of
ASCLS-Ohio?

Yes
No

If Yes, Year joined:

Part II: School Information

Name of School:

School Address

City, State, Zip

Program Director

Year in School

Expected Graduation Year:

Cumulative GPA (4.0 scale)

Part III: References/Recommendations

Please provide the name/contact information of the individuals providing the two (2) academic and one (1) character references/recommendations. At least one academic advisor must verify enrollment in the program and G.P.A.

Name

Address

City, State, Zip

Phone

Reference

Academic
Character

E-mail

Name

Address

City, State, Zip

Phone

Reference

Academic
Character

E-mail

Name

Address

City, State, Zip

Phone

Reference

Academic
Character

E-mail

Part IV: Transcript

Please submit an official transcript to the Chair of the Scholarship Committee. Those applying for the Member scholarship that are in graduate school must submit a transcript from the degree granting institute of their undergraduate and their current school transcript.

Part V: Statement

Please submit the following statements on separate sheets of paper.

1. Give your reasons for entering the Clinical Laboratory Science Profession. Explain your understanding of the role of the clinical laboratory scientist in today's health care environment. List any experience with the profession you may have, i.e. laboratories you have visited, professionals you have met with, work experience, etc.
 2. Explain your need for a scholarship. Please provide a summarization of your financial needs and resources according to the following: income, financial aid, mitigating factors, etc.
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Part VI: Professional Involvement

If applicable, please submit additional documentation listing any and all involvement with ASCLS you may have. This includes all levels of involvement (state, regional, national) and attendance to ASCLS sponsored events.

Do you have an involvement statement?

Yes
No

RELEASE:

By my signature, I acknowledge that I have received a copy of the rules and regulations governing these scholarships and agree to abide by them. If I do not complete training in Clinical Laboratory Science, I understand that any award will revert to a loan repayable within five years from the date of the award.

Signature of Applicant:

Date:

I authorize the release of the above information to the ASCLS-Ohio Scholarship Committee. I understand that this information will be treated as confidential and will be used only for the purpose of awarding ASCLS-Ohio scholarships.

Signature of Applicant

Date: