

**Alpha Mu Tau Fraternity
and
American Society for Clinical Laboratory Science E & R Fund Inc.
UNDERGRADUATE (MLS) SCHOLARSHIP APPLICATION**

Medical Laboratory Scientist UNDERGRADUATE SCHOLARSHIP GUIDELINES

1. Applicant must be attending a US institution of higher learning.
2. Applicant must be a member of ASCLS (American Society for Clinical Laboratory Science).
3. Applicant must be accepted into a NAACLS Clinical/Medical Laboratory Science accredited program.
4. Applicants must be ENTERING OR IN their last year of study in 2023;
 - i. January 1, 2023--December 31, 2023.
5. Only one application is needed for all of the MLS undergraduate scholarships awarded.
6. **Only type-written or word-process generated** applications will be evaluated; resumes/curriculum vitae/photos are not acceptable replacements for the application.
7. **A recipient may receive only one scholarship per education level.**
8. Required documents in addition to this application include **2 letters of recommendation (LOR), 2 performance score (PS) sheets and official college transcript(s).**
 - a. One LOR and PS should be from an MLS/CLS Program Director/faculty member or any other academic faculty member. One LOR and PS should be a personal reference (non-relative) regarding the applicant's work ethic. Letters of Recommendation and Performance Sheets must be submitted electronically by the evaluator directly to the AMTF email; amtfscholarship@gmail.com.
 - b. Official transcripts from each college/university attended must be submitted electronically by the college/university directly to the AMTF Executive Secretary at amtfscholarship@gmail.com.
9. Only **complete** applications received by **April 1, 2023** will be evaluated. Complete applications include all above listed required documents. Transcripts must be received prior to April 1.
10. Download form and save to your computer. Label file with your last name - "lastname-amtf.pdf"
11. Open the saved form file and complete your portion of the form. Then send to your Program Director for their signature.
12. Have them return the form to you so you can submit the form and your essay.

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Name _____ Phone _____

Permanent Address _____ E-mail _____

City/State/Zip _____

Name School/University Laboratory Science Program _____

Program Director or Designee _____

Address _____ Phone _____

_____ E-mail _____

Anticipated Graduation or Completion Date _____

ASCLS MEMBERSHIP

ASCLS Membership # (required) _____

Month & Year joined _____ Dues paid until _____

Only Members of ASCLS will be considered for scholarships.

Verification by Program Official:

I certify that the applicant is currently enrolled in a NAACLS accredited program, entering or in their last year of study in 2023 (January 1, 2023-December 31, 2023) of MLS/CLS education, and in good academic standing.

Signature of program official: _____ Date: _____

Title: _____

I. EDUCATION/TRAINING

Request **an official transcript from each college/university**. Official transcripts must be sent electronically by the college/university directly to Elissa Passiment, AMTF Executive Secretary, at amtf scholarship@gmail.com

Complete the following table:

College/University	Dates Attended	Major	Degree Awarded

II. HONORS AND CITATIONS (explain significance and include date awarded, include only those that are related to College, do not include awards received during high school):

III. VOLUNTEER, EXTRA-CURRICULAR OR WORK EXPERIENCE: (List most recent first):

A. MLS and ASCLS related

Employer/Organization	Position/job description	Dates of Service/Employment	Paid/Non-Paid

B. Non-MLS related

Employer/Organization	Position/job description	Dates of Service/Employment	Paid/Non-Paid

IV. Financial Need: (**Report ALL anticipated expenses and income on an annual basis**)

A. Anticipated Expenses Related to Course Work		B. Anticipated Sources of Income	
Tuition and Fees	\$	Scholarship(s):	
Books	\$	Name:	\$
Rent/Mortgage (enter \$0 if support from Parents/Spouse/Partners/Others in Column B includes payment for rent/mortgage)	\$	Name:	\$
Loans to be repaid	\$	Grants	\$

Transportation costs related to Course Work (e.g. gas, public transportation)	\$	Full time Work	\$
Other – please explain:	\$	Part-time Work	\$
		Support from Parents/Spouse/Partner/Others	\$
Total	\$	Total	\$

V. Check this box if you are a single parent or sole support of family; and briefly explain your circumstances.

VI. OBJECTIVES: Attach a statement (**500 words or less**) describing your interest and reasons for pursuing a career in Clinical Laboratory Science; **include your short- and long-term goals.**

VII. SUBMISSION: Applicant is responsible for assuring that all required documents have been submitted to Elissa Passiment, AMTF Executive Secretary, at amtfscholarship@gmail.com.

A completed submission consists of:

1. Completed application;
2. Signature by Program Director verifying admission to the program;
3. Two letters of recommendation, submitted electronically by the evaluator directly to amtfscholarship@gmail.com;
4. Two Performance Sheets, submitted electronically by the evaluator directly to amtfscholarship@gmail.com;
5. Official transcripts from each college/university attended submitted electronically by the college/university directly to Elissa Passiment, AMTF Executive Secretary, amtfscholarship@gmail.com.

We will NOT notify applicants of missing documents and only COMPLETE application packets will be reviewed.

If you want to be notified of receipt of your application, reenter your email address here:

_____.

Optional - Would you like your scholarship award to be posted on social media? Check the appropriate boxes below.

Yes - If I am awarded a scholarship I would like it announced on social media (select the appropriate sites):

Facebook

Twitter

LinkedIn

Instagram

No - I would not like my award posted on social media

Application documents must be submitted to Elissa Passiment, AMTF Executive Secretary, **no later than April 1, 2023** at amfbscholarship@gmail.com.

(Rev. 11/2022)