

**Alpha Mu Tau Fraternity
and
American Society for Clinical Laboratory Science E & R Fund Inc.
UNDERGRADUATE (MLS/MLT) 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 2024;
 - i. January 1, 2024--December 31, 2024.
5. **IMPORTANT: Download this form to your computer. Then open the file on your computer. Fill-in the application and save again to your computer.**
 - a. **Please label your file as follows:** LastName.FirstName.Ugrad.pdf
 - b. **Only type-written** applications will be evaluated; resumes/curriculum vitae/photos are not acceptable replacements for the application.
 - c. Scanned application forms will not be accepted.
6. **A recipient may receive only one scholarship per education level.**
7. Required documents in addition to this application include **2 letters of recommendation (LOR), 2 performance score (PS) sheets and official college transcript(s).**
 - a. Letters of Recommendation and Performance Sheets must be submitted electronically by the evaluator directly to the AMTF email; amtf scholarship@gmail.com.
 - One LOR and PS must be from the Program Director, if enrolled in program; or Clinical Laboratory Supervisor, if accepted to program and not yet enrolled.
 - One LOR and PS should be a personal reference (non-relative) regarding the applicant's work ethic.
 - b. Official transcripts from each college/university attended must be submitted electronically by the college/university directly to the AMTF Executive Secretary at amtf scholarship@gmail.com.
8. Only **complete** applications received by **March 1, 2024** will be evaluated. Complete applications include all above listed required documents. Transcripts must also be received prior to March 1st.

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Name _____ Phone _____

Permanent Address _____ E-mail _____

City/State/Zip _____

Laboratory Science Program Type: (please select one) MLT MLT to MLS MLS

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.

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**)

Do not leave any blanks in the form – enter “0” if appropriate

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. Optional. If there are any additional financial circumstances not listed above, you may choose to disclose them here.

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 form;
2. Two letters of recommendation,
 - a. One must be directly from the Program Director or Graduate Faculty Advisor (including validation of program admission)
 - b. Submitted electronically by the evaluator directly to amtfscholarship@gmail.com;
3. Two Performance Sheets,
 - a. One must be directly from the Program Director or Graduate Faculty Advisor
 - b. Submitted electronically by the evaluator directly to amtfscholarship@gmail.com;
4. 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:

_____.

Application documents must be submitted to Elissa Passiment, AMTF Executive Secretary, **no later than March 1, 2024** at amtfscholarship@gmail.com.