**eligibility requirements:**

1. **Applicant must be currently enrolled in an accredited MLS or MLT program in Mississippi.**
2. **Applicant must be a current member of ASCLS.**
3. **The ASCLS-MS Scholarship Chairperson must receive completed applications & official MLS or MLT program transcripts\* by March 1, 2024.**

Please print all information.

**PERSONAL DATA**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | | **Middle Name** | | | **Preferred Name** |
| **Home Address – Street or Box** | | | | **City, State, Zip code** | | |
| **School Address – Street or Box** | | | | **City, State, Zip code** | | |
| **Email address** | | **Cell phone #** | | | **ASCLS Member #** | |

**COLLEGE EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Name** | **Location** | **Major** | **Dates Attended** | **Graduation Date** |
|  |  |  |  |  |
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**CURRENT MLS or MLT EDUCATION\***

|  |  |  |  |
| --- | --- | --- | --- |
| **School Name & Address** | **Program Director** | **Enrollment Date** | **Projected Graduation Date** |
|  |  |  |  |

\*Official transcripts must be mailed from the college/university directly to the ASCLS-MS Scholarship Chairperson. For programs that do not operate on a semester or quarter basis, a letter from the Program Director detailing current grades will be sufficient.

**Please complete the following items in 1000 words or less per item. Use the space provided or attach additional sheets as needed.**

1. **As a future MLS or MLT, describe the importance of professionalism in the current healthcare climate. Explain how you will model professional behaviors in the workplace.**

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1. **Explain your financial need, and describe why you should qualify as a recipient of this scholarship.**

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**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Submit Application & Official transcript to ASCLS-MS Scholarship Chairperson** – *(EMAIL is the preferred submission method)* | |
| **BY MAIL** | Jennifer Knight, MS Baptist Medical Center, Pathology Dept.  1225 North State Street, Jackson, MS 39202 |
| **BY EMAIL** | [jennifer.knight@bmhcc.org](mailto:jennifer.knight@bmhcc.org)(Put “ASCLS-MS Scholarship” in the subject line) |
| **BY Fax** | 601-974-6286 (ATTN: Jennifer knight) |