



BETSY BAPTIST SCHOLARSHIP APPLICATION

(ASCLS-OR)

SCHOLARSHIP ELIGIBILITY - GUIDELINES:

1. Applicant must be a member of ASCLS-OR.
2. Applicant must be admitted to one of the programs in Oregon: 1) the baccalaureate Clinical Laboratory Science program at Oregon Tech-OHSU or 2) the associate Medical Laboratory Technician program at Portland Community College.
3. Applicant must fall into one of the following categories:

Category	Description
A	CLA graduate or practitioner, MLT graduate or practitioner, or any student enrolled in the baccalaureate CLS program at Oregon Tech · OHSU
B	Any student enrolled in the associate MLT program at Portland Community College

4. Applicant must be a U.S. citizen or permanent resident of the United States.

APPLICATION PACKAGE:

1. Betsy Baptist Scholarship Application
2. Official transcript(s) from each college/university listed in this application
3. Letter of Intent: This is a short essay of no more than 500 words describing your interest in and reasons for pursuing a career in Medical Laboratory Science and how the scholarship will help you achieve your career goals.
4. Two (2) Letters of Reference
5. Copy of an Admission Letter

Send the application package no later than by April 30 to Directors of Scholarships listed on Page 4.

1. APPLICANT:

Name (last, first, middle initial):

Permanent address (street address, city, state, ZIP):

Phone:

Email:

Address to send the scholarship check (if different than above):

Citizenship/Immigration status (circle one):

A. U.S. citizen

B. Permanent resident (green card holder)

2. CLS/MLT PROGRAM ADMISSION STATUS:

Choose scholarship category (refer to section 11. below and circle one option A. or B.):	
A. CLA to CLS, MLT to CLS, or CLS student	B. MLT student
Type of program (circle one): A. CLS B. MLT	
Name of program:	
Name of school/university name:	
Address of school/university program:	
Program director or designee:	Program director or designee e-mail:
Anticipated graduation or completion date:	
Current GPA:	

3. EDUCATION, TRAINING

College/University	Dates attended	Major	Degree

4. EXTRACURRICULAR COLLEGE ACTIVITIES RELATED TO CLINICAL LABORATORY SCIENCE:

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Extra curricular college activities - continued

If none listed, check if you are a single parent____, or sole support of family____, and briefly explain your circumstances):

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5. HONORS, CITATIONS:

Award name	Significance of award	Date received

6. PROFESSIONAL ORGANIZATION MEMBERSHIP:

ASCLS Membership (required)		
Member ID#:	Year joined:	Dues paid until (mm/dd/yyyy):

Other Scientific Societies			
Society	Membership #	Dates belonged	Offices Held

7. VOLUNTEER AND/OR WORK EXPERIENCE (list more recent first):

Employer	Position/job description	Dates of employment

8. ANTICIPATED EXPENSES RELATED TO COURSE WORK:

Item	Amount	Specify
Tuition and fees	\$	n/a
Books	\$	n/a
Other	\$	
	\$	
	\$	
Total	\$	n/a

9. REFERENCES, LETTER OF ADMISSION:

Two Letters of Reference and a copy of the Admission Letter from the school (or program) to which the applicant has been admitted must accompany the scholarship application. Letters should not be from relatives or personal friends, but from professors, advisors, and employers who can attest to the applicant's academic scholarship and work ethic.

10. SIGNATURES:

I hereby certify that all information in this application is true:

Date:
Print:
Signature of applicant:

WHERE AND WHEN TO SEND APPLICATION:

Send the application packet (snail mail or e-mail) to ASCLS-OR Director of Scholarships:

Heidi Smith
10875 175th Circle NE, Apt 1805
Redmond, WA 98052.
heidi2041@comcast.net

Packet must be **received** by the Director of Scholarships no later than April 30.

WHEN THE RECIPIENTS WILL BE ANNOUNCED:

Recipients will be announced in May, at the ASCLS-OR Board of Directors Meeting. Scholarship funds will be distributed to awardees in June.
