ASCLS WY SCHOLARSHIP

ASCLS WY provides an undergraduate scholarship of \$500 plus a one year student membership in ASCLS (\$35) for students enrolled in Clinical/Medical Laboratory Science or Clinical/Medical Laboratory Technician programs.

ELIGIBILITY:

Enrollment in an accredited MLT/MLS program

2.5 GPA (minimum)

Wyoming resident

REQUIREMENTS:

Completed application

Copy of transcripts

A one page essay describing how this scholarship would help them obtain their education goals and benefit them in the field of laboratory science.

Three letters of recommendation

DEADLINE:

Completed application packets must be received by March 15th. Incomplete packets will not be considered. Falsification of information will result in the revocation of the scholarship.

ASCLS-WY

Scholarship Application

		Applicant Informatio	n	
Full Name:				Date:
	Last	First	M.I.	
ddress:				
idaress.	Street Address			Apartment/Unit #
	City		State	ZIP Code
hone:		Email		
are you a re	esident of WY?	YES NO		
orivers cense/ID#	7			
econse, ib	•			
ducation ligh or				
revious				
chool:		Address:		
rom:	To:	GPA:		
Ilt/Mls				
rogram:		Address:		
nrolled	an.			
	GPA:			
		References		
lease list ti	hree professional referen	ces.		
Full Name:			Relationsh	ip:

Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	
Address:	
Full Name:	Relationship:
Company:	DI
Address:	
Di	sclaimer and Signature
I certify that my answers are true and complete	e to the best of my knowledge.
If this application leads to employment, I under result in revocation of this scholarship.	rstand that false or misleading information in my application may
Signature:	Date: