



Lighting the Way for Lab Professionals in NJ



December 3, 2018

Dear Program Director:

The ASCLS-NJ is pleased to announce the following scholarships for your students who are enrolled in the 2018-2019 class:

1. Two \$500.00 scholarships for MLT students
2. Two \$1,000.00 scholarships for MLS students
3. One \$1,000.00 scholarship for a MLS graduate student
4. One \$1,000.00 scholarship for a DCLS student

Attached is one copy of the required forms. Membership in the American Society for Clinical Laboratory Science (ASCLS) New Jersey Chapter is a requirement. If they are not already an ASCLS member please visit <http://www.ascls.org/membership/index.asp>

The scholarships will be awarded at the ASCLS-NJ Annual Spring Seminar on April 11, 2019.

Please inform your students of this opportunity and copy as many additional forms as necessary.

The deadline for submission of the completed application is **March 1, 2019.**

Thank you for your assistance in distributing these materials.

Sincerely,

Patty Jackman, MLS(ASCP)^{CM}
ASCLS-NJ Scholarship Committee Chair



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AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE – NEW JERSEY SCHOLARSHIP PROGRAM

The ASCLS-NJ is pleased to announce the following scholarships for the 2018-2019 class.

- **Two \$500.00 scholarships for Medical Laboratory Technician students**
- **Two \$1,000.00 scholarships for Medical Laboratory Science students**
- **One \$1,000.00 scholarship for a Medical Laboratory Science Graduate student**
- **One \$1,000.00 scholarship for a Doctorate in Clinical Laboratory Science student**

Eligibility: Enrollment in a NAACLS accredited program in the final year of study on September 15th AND membership in the American Society for Clinical Laboratory Science New Jersey Chapter (ASCLS-NJ)

Deadline: Applications are due by **March 1, 2019**

Scholarship Application and Selection Procedure:

The following items must be submitted in order for the application to be considered complete:

1. A completed application package including:
 - application form
 - the application checklist
 - your email address to notify you that your completed application has been received and/or to contact you regarding any issues
2. An official or non-official transcript of all academic credits at the post-secondary level from each college attended
3. Two references completed by professors, instructors or advisors who are familiar with your post-secondary academic performance. References must be submitted on the forms provided and may be sent by either the student or reference.

Applicants must be a member of the ASCLS-NJ. Membership information can be obtained at:

<http://www.ascls.org/membership/index.asp>

The scholarship recipients are selected by the ASCLS-NJ Scholarship Committee.

Application materials should be submitted to:

**Patty Jackman
29 Hastings Road
Hamilton, NJ 08620**

Please DO NOT send certified mail requiring a signature upon delivery.

Scholarships will be presented at the ASCLS-NJ Annual Spring Seminar on April 11, 2019.

ASCLS-NJ does not discriminate on the basis of sex, race, color, creed, or ethnic origin in the administration of its educational funds.



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APPLICATION CHECKLIST

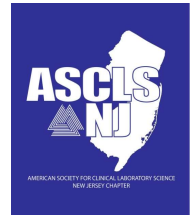
Applicant: _____

Complete the checklist below and return with your application by **March 1, 2019**.

	<u>Enclosed/Requested</u>	<u>Office use</u>
Application form	_____	_____
Email provided for acknowledgment of receipt	_____	_____
Transcript(s)	_____	_____
References	_____	_____



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American Society for Clinical Laboratory Science – New Jersey Scholarship Application Form

Please type or print all information.

I. Applicant Information

Name: _____
 Last First Middle

Address: _____

Phone: _____ Cell or Home (circle one)

Email address: _____

II. Academic Information

I am attending the following medical/clinical laboratory science education program:

Institution: _____

Please check one: __ MLT Level __ MLS Level __ MLS Graduate Level __ DCLS Level

Program Director: _____

Starting date: _____ Anticipated graduation date: _____

Pre-professional education: List all colleges/universities attended and request a transcript from each.

Institution	Attended		Credits	Major	Graduation Date Degree Granted
	From:	To:			



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Awards and Honors:

Extra-curricular activities:

Professional activities:

ASCLS membership number: _____

Other professional memberships related to clinical laboratory science:

IV. References:

Reference forms (attached) should be completed by two people familiar with your academic performance and returned directly to the Scholarship Committee Chairperson.

Name	Title/Position

V. Professional goals:

Please attach a personal statement to this application. In the statement, briefly explain why you have chosen the field of medical/clinical laboratory science and describe your hopes and goals for your professional career.



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American Society for Clinical Laboratory Science – New Jersey SCHOLARSHIP APPLICATION-Reference Form

Name of applicant: _____

Under Title IV of Public Law 90-24 7, students have the right to inspect letters of recommendation unless they have signed a waiver permitting these recommendations to be maintained as confidential communications.

I waive my right to inspect this recommendation.

Applicant's signature: _____ Date: _____

To evaluator: Please evaluate the applicant for the nine characteristics listed below using the following scale:

- 1 = outstanding; top 10% of students you have known
- 2 = excellent; top 25% of students you have known
- 3 = good; top 50% of students you have known
- 4 = recommend with reservations; lower 50% of students you have known

	1	2	3	4	N/A
1. KNOWLEDGE AND SKILL: To what extent does the student exhibit a satisfactory level of knowledge and skill?					
2. QUALITY OF ACADEMIC PERFORMANCE: To what extent does the student's academic performance meet the course expectations.					
3. COMMUNICATION SKILLS: To what extent does the student prepare written reports, correspondence, and assignments?					
4. DEPENDABILITY: To what extent does the student complete assignments individually without close supervision or assistance?					
5. ADAPTABILITY: To what extent does the student adapt to new situations and changes in routine, course load, and or assignments?					
6. INITIATIVE: To what extent is the student willing to expand upon the minimum course requirements (e.g., initiate supplemental work or inquiries)?					
7. ATTENDANCE: Is the student's record satisfactory with regard to absences, tardiness, and early departures?					
8. RELATIONSHIP WITH OTHERS: Does the student establish effective relationships when dealing with instructors and peers?					
9. SELF-CONFIDENCE: Does the student exhibit confidence in his or her ability to achieve?					

Please provide any additional relevant comments on the reverse side or attach a statement.

Evaluator: _____ Position: _____

Signature: _____ Date: _____ Please return by: **March 1, 2019**

Reference forms should be submitted to: **Patty Jackman, 29 Hastings Road, Hamilton, NJ 08620**
(Please **DO NOT** send certified mail requiring a signature) OR email: **mustangpatty9@yahoo.com**