

# Medical Technologist Student Scholarship 2009



You could receive a \$750 scholarship awarded by the Wisconsin Chapter of Clinical Laboratory Managers if pursuing a degree as a Medical Technologist (MT/CLS) and you meet the following criteria:

- Enrolled in a NAACLS accredited program at a post secondary school
- Enrolled in your final clinical year of education
- Have a minimum GPA of 2.8 out of 4.0
- Are a Wisconsin resident
- Submit a complete application

## Applicant Information (type or print clearly)

Applicant's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Name of NAACLS accredited school: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Graduation date: \_\_\_\_\_

## Application instructions:

1. You may photocopy this application form.
2. You must complete the entire application.
3. Enclose official school transcripts from each institution attended.
4. Enclose a letter of recommendation from an academic resource.
5. Enclose a letter of recommendation from personal resource on customer service skills and community service activities.
6. Enclose an essay (500 words or less) telling us about:
  - Why you choose this profession
  - Your professional goals
  - Your leadership and community activities in the last 3 years
  - Any awards or honors you have received
  - What you hope to offer to this profession
7. Explain any unusual circumstances or hardships that cause you to need a scholarship: \_\_\_\_\_
8. Enclosed the completed application and all supporting documents in a single envelope.
9. The postmark deadline is June 30, 2009.
10. Mail to Dolly Burdick, Laboratory Manager, Shawano Medical Center, 309 Bartlette, Shawano, WI 54166
11. Recipients of the WI-CLMA scholarship will be notified by July 31, 2009.

All information provided is confidential and used only to select scholarship recipients. Winners are asked to release their names for use by WI-CLMA in publications and announcements. The decision of the selection committee is final.

**I am a United States citizen, Wisconsin resident, and certify that the information given in this application is true to the best of my knowledge.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_