

Virginia Society for Clinical Laboratory Science
www.vscls.org

TO: Clinical Laboratory Technician, Clinical Laboratory Science, Cytology, and Histology Students in the Commonwealth of Virginia

FROM: Shirley S. Jenkins, MT(ASCP), VSCLS Scholarship Program

DATE: September 19,2008

RE: VSCLS Scholarship for 2008 - 2009

The Virginia Society for Clinical Laboratory Science is pleased to announce the availability of **one scholarship** to a qualified student in the amount of \$1000.00. Funding for the scholarship is made possible through the VSCLS and a fundraiser held during the 2008 VSCLS Spring Meeting.

Students who are currently in the final clinical year of their clinical laboratory education are invited to apply. Information regarding eligibility requirements and application materials may be downloaded from the VSCLS Web site. If you would like to be considered for the scholarship, please complete all application steps and return packet to me at the indicated address. Preference will be given to ASCLS/VSCLS student member applicants by the VSCLS scholarship selection committee. ASCLS/VSCLS membership applications are enclosed and are also available online at ASCLS.org.

Please note that the deadline for completed application packets is December 15, 2008. The anticipated notification is January 2009 with recognition at the annual membership meeting in spring 2009.

Please mail application packet to:

Shirley Smith Jenkins, MT (ASCP)
VSCLS Scholarships
P. O. Box 135
Hood, VA 22723



**Virginia Society for Clinical Laboratory Science
SCHOLARSHIP APPLICATION**

Name: _____
(Last) (First) (Middle Initial)

SSN or
Student ID #: _____

Permanent Address: _____
(Street / Post Office Box#)

(City) (State) (Zip)

Phone: ()- E-Mail: _____

Local Address: _____
(Street/Post Office Box #)

(City) (State) (Zip)

Phone: ()- E-Mail: _____

School/ College: _____

Curriculum: CLT /MLT CLS/MT CT HLT HT
(Circle One)

Expected Date of Graduation:

Two references are enclosed from the following persons:

VSCLS SCHOLARSHIP STUDENT VERIFICATION

To be completed by Program Director

Name of Program: _____

Program Director/
Official: _____

Name of Student: _____

Student SS or ID#: _____

Clinical Year
Enrollment Dates: _____

I certify that the scholarship applicant listed above will be enrolled in his/her final clinical year for the dates listed and is in good standing, both academically and professionally:

(Signature)

(Date)

(Title)

Please mail to:
Shirley S. Jenkins
VSCLS Scholarships
P.O. Box 135
Hood, VA 22723

DEADLINE FOR RECEIPT: December 15, 2008

VSCLS SCHOLARSHIP FINANCIAL INFORMATION

Income Sources: List all income sources

A. Personal Income

Employer

Salary

Responsibilities

B. Other Family Income

Employer (if applicable)

Salary

Responsibilities

Expenses and Debts: List all educational expenses. Include all current educational loans.

<u>Expense /Debt</u>	<u>Description</u>	<u>Monthly Payment</u>
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List all applicable personal expenses.

Are you the head of the household? Yes _____ No _____

If yes, number of dependants _____

ADDITIONAL FINANCIAL INFORMATION MAY BE SUBMITTED BELOW TO DEMONSTRATE NEED.

Applicant's Signature: _____

The information given in this application is correct to the best of my knowledge. I understand that the VSCLS Scholarship Selection Committee reserves the right to contact clinical program officials for additional information related to the stated selection criteria. I further understand that information will remain confidential and will be used solely for scholarship recipient selection purposes. In addition, I certify that I have received no previous financial assistance from VSCLS and understand that my eligibility for the scholarship is for the 2008-2009 academic year only.

(Applicant's signature)

(Date)