

**Founders' Fund Award  
Continuing Education Awards  
Medical Laboratory Assistant**

The Founders' Fund was developed in honour of the outstanding contributions made to medical laboratory technology and medical laboratory services in Canada by the following distinguished members of the CSMLS.

- Frank J. Elliott – a charter member and first President of the CSMLS
- William J. Deadman, Pathologist – a charter member of the CSMLS
- Ileen Kemp – the first Executive Secretary of the CSMLS
- Denys R. Lock – a charter member of the CSMLS
- Robert Tellier – founding member of the Quebec Branch of the CSMLS and the Quebec Corporation of Medical Technologists
- Harold Amy – a long-time member of the CSMLS Board of Directors and a recognized expert in hemostasis

## Founders' Fund Award - Medical Laboratory Assistant

Awards are available for continuing education that updates knowledge or skills or advances the member's career in medical laboratory science. Applicants may be granted up to \$500 at the discretion of the Grants, Scholarships & Awards Committee.

### Award Guidelines

1. Applicant must be a CSMLS certified MLA member in good standing.
2. Applicants who have received awards within the past **three years** will only be considered at the end of the year, if monies are available.
3. Applications must be received **after the completion of the activity** – application will be accepted up to one year after.
4. Participation at LABCON does not qualify for a Founders' Fund Award.
5. The application form must be completed fully, and where appropriate, additional supporting information must accompany the application.
6. The eligibility of applicants and the granting of awards shall be determined by the Grants, Scholarships & Awards Committee. All decisions are final.
7. Each applicant will be advised of the decision of the Grants, Scholarships & Awards Committee. Once notified of approval you must submit a short article suitable for publishing in CJMLS, describing the activity which the Founders' Fund supported.
8. **If required documentation is not received before application deadline, application will be deemed invalid.** Appropriate documentation includes: calendar description of course, proof of payment, and evidence of successful completion where applicable
9. A member may only be awarded one grant, scholarship or award per year with the exception of the BD Quality Assurance Project Award (if available).
10. Current members of the CSMLS Board of Directors and staff and their immediate families are not eligible for this award.
11. A Founders' Fund Award may be taxable. A T4A Income Tax Slip will be issued in the year an award is paid. Please refer to Canada Revenue Agency Publication P105 – Students and Income Tax ([www.cra.gc.ca](http://www.cra.gc.ca)). Any tax implication is the responsibility of the applicant.

**The deadline for submission is May 1<sup>st</sup>.**

**Please note you will be contacted regarding your status via email**

## Application for Founders' Fund Award Medical Laboratory Assistant

### Essential Information

- Please see attached fact sheet for terms of reference
- Your application must be submitted after the course or research project ends
- All sections must be completed (A to E)
- Applicants may only **apply for one award for any given course or research project**
- Applicants must submit calendar description of course, proof of payment, and evidence of successful completion where applicable
- If you are approved you must submit a short article suitable for publishing in CJMLS, along with a headshot
- Applicants for award for research must submit outline of research project

**A. CSMLS I.D. # \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_**  
(Please print)

Family Name

First Name

Middle Name

**MAILING ADDRESS:** \_\_\_\_\_

Postal Code

**EMAIL ADDRESS:** \_\_\_\_\_

Telephone No. Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### **B. Provide information about your award request**

Describe your rationale for undertaking this learning

Also, submit calendar description of course and evidence of fee structure

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Date(s) of expected activity: From \_\_\_\_\_ to \_\_\_\_\_

**C. Please provide any additional information to aid the Committee's decision:**

To what extent does this learning update your knowledge and skill or advance your career in lab science?

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**D. Course Fees/Project Budget Detail**

\$ \_\_\_\_\_

(Do not include text books/course material)

Deduct: funds received from other sources

- \$ \_\_\_\_\_

Total    \$ \_\_\_\_\_

**E. Have you received a previous award from the Founders' Fund - Medical Laboratory Assistant within the last three years?**

Yes ☐      No ☐

If yes, your application will be reviewed at the last committee meeting, if any funds are available.

*I certify that the above information is accurate.*

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Have you followed the instructions at the top of page one of this application form and provided all the information requested? Failure to do this will cause your application to be invalid.**

**Mail to:**

CSMLS Grants, Scholarships & Awards Committee  
33 Wellington St. N,  
Hamilton, ON L8R 1M7

**Or Email:**

awards@csmls.org