



STUDENT SCHOLARSHIP AWARD

You could receive a \$500 scholarship from the Canadian Society for Medical Laboratory Science. We are searching for the best students who are enrolled in general medical laboratory technology, cytotechnology, clinical genetics or medical laboratory assistant studies leading to CSMLS certification. Scholarship of \$500 will be awarded to a student enrolled in their final year of education.

Guidelines

To be eligible for a scholarship, you must:

- 1. Be enrolled with the CSMLS as a student member.
- Be enrolled in the final year of education in a Canadian accredited program, or a program which has sought but not yet, achieved accreditation, in medical laboratory technology, cytotechnology, clinical genetics or medical laboratory assistant program in Canada.
- 3. Be a Canadian citizen OR a permanent resident of Canada.
- 4. Complete all sections of the application, and submit with appropriate signatures and letters in one package.
- Enclose transcript(s) (unofficial) from your medical laboratory technology, cytotechnology, clinical genetics, or medical laboratory assistant program. If you have attended more than one college, you must enclose separate transcripts from each institution attended.

- 6. Enclose two letters of recommendation. One should be from a faculty member, or college official, who can address your academic achievement, leadership and potential for success in the profession; the other should be from a community leader or other person who can provide information on your community activities, leadership potential, etc.
- 7. 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).

Sponsors

This scholarship program is made possible by the generous support of our corporate sponsors:

Cowan Insurance Brokers

Current members of the CSMLS Board of Directors and staff and their immediate families are not eligible for this award



Student Scholarship Application

CSMLS ID# SIN #	Course of study/program: (check one)			
NAME	☐ General Medical Laboratory Technology			
(Please print) Family Name First Name Middle Name	☐ Diagnostic Cytology			
Present Address	☐ Clinical Genetics			
	☐ Medical Laboratory Assistant			
Permanent home address (If different from the above)	Program commenced:			
	Y M D			
Daytime Telephone ()	Ends:			
Evening Telephone ()	Y M D			
E-mail	Accredited Educational Institution:			
Please write a description of the following elements	s pertaining to your background:			
List awards or honours that you have received (attach addi	itional pages if required).			
	•			



Tell us about your leadership abilities as de community activities (attach additional pages		olvement in	school, college or	
Describe your professional goals . List any committee. Please limit this information to 29 required).				
Application will not be reviewed	without signature	s		
Applicant's Declaration				
I am a Canadian citizen or a permane application is true to the best of my knowled	_	nat the inforn	nation given in this	
Signature of Applicant	Date			
<u> </u>		Y	M	D



Verification by Program Official

	ify that the applicant is currently enrolled in a emic standing.	in accredited prog	ram, in his/	her final year, ar	ıd in good	
		Date				
	Signature of Program Official		Y	M	D	
Title	Na	ame of Program				
Mai	ling Instructions	Mail to:				
Stop and double-check!		Grants, Scholarships & Awards Committee 33 Wellington Street North				
	Signed application	Hamilton, C	Ontario L8R	1M7		

- Description of Professional Goals
- ☐ Transcript(s)(unofficial)
- □ Two letters of recommendation

Or email: <u>awards@csmls.org</u>

A Student Scholarship 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). Any tax implication is the responsibility of the applicant.

Incomplete application packets are not reviewed.

Deadline for receipt is: November 1St