

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.
2. 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.
5. 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

**The deadline for submission is November 1st.
Please note you will be contacted regarding your status via email**

Student Scholarship Application

CSMLS ID# _____ SIN # _____

NAME _____
(Please print) Family Name First Name Middle Name

Present Address _____

Postal Code

Permanent home address _____
(If different from the above)

Daytime Telephone () _____

Evening Telephone () _____

E-mail _____

Course of study/program: (check one)

- General Medical Laboratory Technology
- Diagnostic Cytology
- Clinical Genetics
- Medical Laboratory Assistant

Program commenced:

Y M D

Ends:

Y M D

Accredited Educational Institution:

Please write a description of the following elements pertaining to your background:

List **awards or honours** that you have received (attach additional pages if required).

