

## STUDENT SCHOLARSHIP AWARD

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

### ***Award 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 official transcript(s) from your medical laboratory technology, cytotechnology or clinical genetics 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 considered for one monetary grant, scholarship or award per year with the exception of the BD Quality Assurance Project Award

### ***Sponsors***

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

- Becton Dickinson Canada Inc.
- Cowan Insurance Brokers

A member may only be considered for one Grants & Scholarship Award per year.

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 1<sup>st</sup>.  
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:**

\_\_\_\_\_

### **Academic Qualifications:**

List all post-secondary education in the chart below.

College/University	Dates attended	Type of degree, diploma or certificate Awarded <i>(if any)</i>	Completed education (Semester hours)	Grade or GPA

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

List **awards or honours** that you have received.

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Tell us about your **leadership abilities** as demonstrated through involvement in school, college or community activities.

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Indicate **how the scholarship will be used** if you are selected as a recipient.

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Describe your **professional goals**. List any additional information for consideration by the selection committee. Please limit this information to 250 words or less (may be point form).

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**Applicant's Declaration**

I am a Canadian citizen or a permanent resident and certify that the information given in this application is true to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Y M D

**Verification by Program Official**

I certify that the applicant is currently enrolled in an accredited program, in his/her final year, and in good academic standing.

\_\_\_\_\_  
Signature of Program Official Date \_\_\_\_\_  
Y M D

Title \_\_\_\_\_ Name of Program \_\_\_\_\_

**Mailing Instructions**

**Stop and double-check!**

- Signed application.
- Description of Professional Goals.
- Official transcript(s).
- Two letters of recommendation.

**Mail to:**

Grants, Scholarships & Awards Committee  
33 Wellington Street North  
Hamilton, Ontario L8R 1M7

Or email: [awards@csmls.org](mailto:awards@csmls.org)

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](http://www.cra.gc.ca)). Any tax implication is the responsibility of the applicant.

Incomplete application packets are not reviewed.  
**Deadline for receipt is: November 1<sup>st</sup>**