Alpha Mu Tau Fraternity
and
American Society for Clinical Laboratory Science E & R Fund Inc.
UNDERGRADUATE SCHOLARSHIP APPLICATION

UNDERGRADUATE SCHOLARSHIP GUIDELINES

1. Applicant must be a U.S. citizen or a permanent resident of the United States.
2. Applicant must be accepted into a NAACLS accredited program in clinical laboratory science to include Clinical Laboratory Science/Medical Technology, Clinical Laboratory Technician/Medical Laboratory Technician.
3. Applicants must be ENTERING OR IN their last year of study as of September 1st, 2010.
4. Only one application is needed for all of the undergraduate scholarships awarded.
5. **Only type-written or computer-generated** applications will be evaluated.
6 Only completed applications postmarked by **April 1, 2010** will be evaluated.

Name _____ Phone _____

Permanent Address _____ E-mail _____

City/State/Zip _____

Name School/University Laboratory Science Program _____

Program Director or Designee _____

Address _____ Phone _____

_____ E-mail _____

Circle the type of program CLS/MT CLT/MT OTHER_____

Anticipated Graduation or Completion Date _____

I. EDUCATION/TRAINING (Request **an official transcript from each college/university** to be sent to your College Advisor; Program Director/Teaching Supervisor (transcripts must be included in your application packet).

College/University	Dates attended	Major	Degree

II. EXTRACURRICULAR COLLEGE ACTIVITIES RELATED TO CLS: (If none, check if you are a single parent ___, or sole support of family___, and briefly explain your circumstances)

III. HONORS AND CITATIONS (explain significance and include date awarded):

IV. PROFESSIONAL ORGANIZATION MEMBERSHIP

ASCLS Membership # _____ Date joined _____ Dues paid until _____

Other Scientific Societies	Membership #	Dates of membership	Offices Held

V. VOLUNTEER OR WORK EXPERIENCE: (List most recent first):

Employer	Position/job description	Dates of Employment

VI. ANTICIPATED EXPENSES RELATED TO COURSE WORK:

Tuition and Fees	$_____
Books	$_____
Other (specify)	$_____
	$_____
Total	$_____

VII. ANTICIPATED SOURCES OF INCOME (Give Amount Expected):

Scholarship(s)Name(s) _____	$_____
Loans	$_____
Full or Part-time Work	$_____
Parents/Others	$_____
Total	$_____

VIII. REFERENCES/LETTER OF ADMISSION/PERFORMANCE SHEETS:
A Letter of Admission(LOA) to the applicant's program, 2 Letters of Recommendation(LOR) and 2 Performance Sheets(PS) are required. One LOR and PS should be from a CLS/CLT/HT/CT Programs Director/faculty member or any other academic faculty member. One LOR and PS should be a personal referenc(non-relative) regarding the applicant's work ethic.
The original and 4 copies of the LOA(1) and LOR(2) must be submitted. The original, only, of the PS(2) must be submitted.

IX. OBJECTIVES: Attach a brief statement (500 words or less) describing your interest and reasons for pursuing a career in Clinical Laboratory Science; include your short and long term goals(**original + 4 copies required**).

X. NOTE: Applicant is responsible for assuring that all required documents have been sent. A completed application consists of: the original and four copies of the application, letter of admission and letters of recommendation and the original, only, of your Transcripts and 2 Performance Sheets. We will not ask for missing documents and only complete application packets will be reviewed.

XI. If you want to be notified of receipt of your application, enclose a **stamped, self-addressed post card** (do not send a 3x5" index card) to be returned to you confirming receipt of the complete application.

XII. Optional - list the name and address of your local/hometown newspaper for notification purposes.

Name of paper: _____

Address _____
Street City State Zip code

XIII. Application Packets will be accepted by mail**, ONLY**. E-mail or on-line submissions **WILL NOT** be recognized or reviewed. If more space is required on the Application, attach additional sheets.

Send Application Packets, see X. Note above, **postmarked no later than April 1, 2010**, to:
Joe Briden; AMTF Scholarship Coordinator; 7809 S. 21st Drive, Phoenix, AZ 85041-7736.

(Rev. 09/09)