



ASCLS-NJ Graduate Student Scholarship

ASCLS-NJ is pleased to announce a scholarship for students enrolled in a graduate program in clinical laboratory Science.

- One(1) \$1000.00 scholarship for a student matriculated in a CLS graduate program

Eligibility:

- Matriculated student in a CLS graduate program (Masters in CLS, PhD in CLS or DCLS).
 - a. Student must be a resident of NJ
 - b. Student must be a member of ASCLS-NJ
 - c. Student must be an active enrolled student in their program who has completed a minimum of 6 credits in the program
 - d. The program can be traditional live face—to-face classroom or on-line delivery
 - e. The program must be at an accredited institution in the United States, but not necessarily in New Jersey
 - f. Eligible applicants can only be awarded the scholarship once

Deadline: Application and supportive documents must be *time and date stamped* by: **March 4, 2016**

Scholarship Application and Selection Procedure:

- Completed Scholarship Application Form
- Current Curriculum Vitae/Resume
 - **In your CV/resume please identify any of the following if applicable:**
 - Professional certification(s), specialty certifications, licenses, etc.
 - Membership in professional organization(s)
 - Activities related to your profession – officer, committee chair, publications, poster presentations, professional presentations, etc.
 - Honors/Awards
 - Volunteer/Community Activities
- Copy of the undergraduate transcript
- Copy of the current graduate studies transcript
- Two letters of recommendation
 - One from a current professor
 - One from a CLS professional with authority to evaluate your performance (i.e. supervisor, manager)
- Statement of Professional Goals



APPLICATION CHECKLIST

Applicant: _____

Complete the checklist below and return with your application by **March 4, 2016**.

	<u>Enclosed</u>	<u>Office use</u>
Envelope for acknowledgment of receipt <i>(Please enclose a stamped, self-addressed envelope if you wish ASCLS-NJ to acknowledge receipt of your application.)</i>	_____	_____
Completed application form	_____	_____
CV/ Resume	_____	_____
Copies of <i>All</i> Transcripts	_____	_____
References	_____	_____
Statement of Professional Goals	_____	_____

Application materials should be submitted to:

**Martha M. Smith
ASCLS-NJ
56 Gregory Lane
Franklin Park, NJ 08823**

Please DO NOT send certified mail.

Scholarships will be presented at the 2016 ASCLS-NJ Annual Spring Seminar.

ASCLS-NJ does not discriminate on the basis of sex, race, color, creed, or ethnic origin in the administration of its educational funds.



American Society for Clinical Laboratory Science – New Jersey Scholarship Application Form

Please type or print all information.

I. Applicant Information

Name: _____
Last
First
Middle

Address: _____

Phone: _____

e-Mail address: _____

ASCLS membership number: _____

II. Academic Information

I am attending the following CLS graduate program:

Institution: _____

Program Title: _____

Program Director: _____

Starting date: _____ Anticipated graduation date: _____

III. Undergraduate/ Graduate Education: List all colleges/universities attended.

Institution	Attended		Credits	Major	Graduation Date Degree Granted
	From:	To:			

Awards and Honors: (additional sheets may be attached as needed)

Extra-curricular activities: (additional sheets may be attached as needed)

Professional activities:

Other professional memberships related to medical laboratory science:

IV. References:

Reference forms should be completed by two (2) people familiar with your academic and returned directly to the Scholarship Committee Chairperson.

Name	Title/Position

V. Professional Goals:

Type a 250-350 word essay addressing your goals as a health professional, how this degree will assist in achieving those goals, and your vision of the future of your profession as a member of the interprofessional healthcare team. (Type your essay in the space below).



**American Society for Clinical Laboratory Science – New Jersey
SCHOLARSHIP APPLICATION
Reference Form**

Name of applicant: _____

Under Title IV of Public Law 90-24 7, students have the right to inspect letters of recommendation unless they have signed a waiver permitting these recommendations to be maintained as confidential communications.

I waive my right to inspect this recommendation.

Applicant's signature: _____ Date: _____

To evaluator: Please evaluate the applicant for the nine characteristics listed below using the following scale:

1 = outstanding; top 10% of students you have known

2 = excellent; top 25% of students you have known

3 = good; top 50% of students you have known

4 = recommend with reservations; lower 50% of students you have known

	1	2	3	4	N/A
1. KNOWLEDGE AND SKILL: To what extent does the student exhibit a satisfactory level of knowledge and skill?					
2. QUALITY OF ACADEMIC PERFORMANCE: To what extent does the student's academic performance meet the course expectations?					
3. COMMUNICATION SKILLS: To what extent does the student prepare written reports, correspondence, and assignments?					
4. DEPENDABILITY: To what extent does the student complete assignments individually without close supervision or assistance?					
5. ADAPTABILITY: To what extent does the student adapt to new situations and changes in routine, course load, and or assignments?					
6. INITIATIVE: To what extent is the student willing to expand upon the minimum course requirements (e.g., initiate supplemental work or inquiries)?					
7. ATTENDANCE: Is the student's record satisfactory with regard to absences, tardiness, and early departures?					
8. RELATIONSHIP WITH OTHERS: Does the student establish effective relationships when dealing with instructors and peers?					
9. SELF-CONFIDENCE: Does the student exhibit confidence in his or her ability to achieve?					

Please provide any additional relevant comments separately or on the reverse side.

Evaluator: _____ Position: _____

Signature: _____ Date: _____

Please return by: **March 4, 2016**