



**The American Society for
Clinical Laboratory Science – Hawai'i
SCHOLARSHIP APPLICATION**

| | |
|--|---------------|
| Name: | |
| Address: | |
| Email: | Phone: |
| Anticipated Graduation or Completion Date: | |
| ASCLS Membership # (required): Month & Year joined: Expiration: | |

Only Members of ASCLS will be considered for scholarships

I. Education/Training

Complete the following table

| College/University | Dates Attended | Major | Degree Awarded |
|--------------------|----------------|-------|----------------|
| | | | |
| | | | |

II. Honor and Citation: Explain significance and include date awarded, include only those that are related to College (do not include awards received during high school).

III. Volunteer, Extra-Curricular or Work experience: List most recent first

A. Clinical Laboratory Science Related

| Employer/ Organization | Position/Job Description | Dates of Service/Employment | Were you compensated for this position? |
|------------------------|--------------------------|-----------------------------|---|
| | | | |
| | | | |

B. Non- Clinical Laboratory Science related

| Employer/Organization | Position/Job Description | Dates of Service/Employment | Were you compensated for this position? |
|-----------------------|--------------------------|-----------------------------|---|
| | | | |
| | | | |

IV. Anticipated Expenses Related to Course Work for the Academic Year

Please indicate: Fall 2021 &/or Spring 2022

| | |
|--|----|
| Tuition and Fees | \$ |
| Books | \$ |
| Living expenses: (rent, mortgage, food, utilities) Specify | \$ |
| Transportation costs related to Course Work (e.g. gas, car insurance, public transportation) Specify | \$ |
| | |
| | |
| Total | \$ |

V. Anticipated Sources of Income: List amount expected

| | |
|---|----|
| Scholarship(s): | |
| Name: | \$ |
| Name: | \$ |
| Loans | \$ |
| Full time Work | \$ |
| Part-time Work (# of hours per week) | \$ |
| Support from Parents/Others | \$ |
| Total | \$ |

VI. Additional information

- A. Do you have any dependent (child, parents etc.)? If yes, briefly explain your circumstances.

- B. Are you the sole support of family? If yes, briefly explain your circumstances.

By submitting this application, the applicant agrees to allow ASCLS-HI to use their picture and name for publication. If you have questions or concerns, please contact ASCLS-HI Hawaiiicls@gmail.com.