



**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 Hawaii 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 2022 &/or Spring 2023

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.