**DOLBEY SCHOLARSHIP APPLICATION**

**Applicant Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Email:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**ASCLS Member #:** Click or tap here to enter text. **Year Joined:** Click or tap here to enter text.

**Certifications Held:** Click or tap here to enter text.

**Experience:**

**List the most recent first**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Position or Title:** | **Current Employer:** | **Dates Employed** | **Brief Description of Duties** |
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| **Previous positions:** |  |  |  |
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**Education**

|  |  |  |
| --- | --- | --- |
| **Name of Institution:** | **Degree Conferred (Proof required)** | **Dates of Completion** |
| Undergraduate: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Graduate: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Additional Specialized Training: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Name of Clinical Laboratory Program:** Click or tap here to enter text.

**Degree or certificate earned:** Click or tap here to enter text.

**Date of Completion:** Click or tap here to enter text.

**Professional Activities (Copies of Curriculum Vitae are not accepted)**

List the following. Include offices held, committees chaired, serving as a committee member, and projects in which you actively participated. Examples include:

1. Local Chapter
2. 2. Constituent Society (include professional meetings attended)
3. ASCLS National Society (include professional meetings attended)
4. Publications
5. Community education and/or projects advancing public awareness of health and/or clinical laboratory science
6. Presentations given such as talks, seminars, workshops

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**Education Institution enrolled in or planning to enroll in:**

**Name of College, University or School:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Type of Degree:** Click or tap here to enter text.

**Major:** Click or tap here to enter text.

**Professional Statement-** Write a statement describing how the additional education will better prepare you for future service in, and contribution to, clinical laboratory science.

Click or tap here to enter text.

**Proof of Successful Completion:** I understand that proof of successful completion of coursework for the year immediately following the award must be submitted prior to the next ASCLS-PA Annual Meeting (usually held in April or May each year). Proof may be in the form of the transcript or a signed statement from the course instructor. If proof of successful completion is not submitted and/or courses taken and/or grades received are not acceptable for degree requirements, I shall return the scholarship money to the Edward P. Dolbey Scholarship Fund of ASCLS-PA.

**Signature of Applicant:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**Under separate cover:** Include document showing proof of completion of the most recent highest degree received.