

SIEMENS HEALTHCARE DIAGNOSTICS 2008 LEGACY STUDENT SCHOLARSHIPS



You could receive one of the \$5,000 scholarships awarded by Siemens Healthcare Diagnostics if you are enrolled in your fourth year OR final clinical year of education in a Medical Technologist (MT) / Clinical Laboratory Scientist (CLS) program or final year of education in a Medical Laboratory Technician (MLT) / Clinical Laboratory Technician (CLT) program AND are the child, grandchild, or a sibling of a MT/CLS or MLT/CLT.

Eligibility Requirements

To be eligible for a scholarship, you must meet the following criteria:

- Be enrolled in a NAACLS accredited program AND be in the fourth year or final clinical year of education for an MT/CLS program or the final clinical year of an MLT/CLT program by the application close date.
- Be the child, grandchild, or sibling of a certified MT/CLS or MLT/CLT.
- Have a minimum GPA of 2.8 out of 4.0
- Be a United States citizen OR a permanent United States resident.
- Submit a complete application packet.

Selection Criteria

- Academic achievement (cumulative GPA)
- Professional goals
- Leadership abilities
- Community activities

A. Applicant Information (type or print clearly)

Applicant's name _____

Address _____

City _____ State _____ Zip _____

Daytime telephone _____

E-mail address _____

Social security number _____

Are you related to any staff members, board members, or officers of Siemens?

Yes No

If Yes, list name(s) and relationship(s) _____

Course of study: (check one)

MLT / CLT MT/ CLS

Dates of attendance: (check one and enter date)

2nd year dates (MLT/CLT) _____ 4th year dates (MT/CLS) _____ Or final clinical year dates (MT/CLS) _____

Legacy relationship. Check all that apply.

Parent Grandparent Brother/Sister

Name of family member _____

(NOTE: The Legacy Scholarship is only offered to students who are children, grandchildren or a sibling of a certified MT/CLS or MLT/CLT)

Certifying agency _____ Certification number _____

Application Instructions

1. You may photocopy this application form.
2. Please type or print neatly.
3. You must complete the entire application.
4. **Enclose official school transcripts** from each Institution attended.
 - You may fulfill the requirement for the submission of official transcripts by enclosing copies of official transcripts that have been verified (signed and dated) by your program director or by enclosing official transcripts from each institution attended.
 - In lieu of a transcript from a foreign country, submit an approved evaluation from an agency accepted by the ASCP Board of Registry.
5. **Enclose three letters of recommendation** from individuals who are not members of your immediate family. The letters should be from faculty members, program directors or other persons who can address such areas as your academic achievement, leadership in school and community activities, and potential for success in the profession.

6. Enclose an essay (500 words or less) telling us about:

- The role your family played in your laboratory career choice
 - Why you chose the profession
7. List your leadership and community activities in the last 3 years, and any awards or honors that you have received, in a resume format with a description of your involvement.
 8. Enclose the completed application and all supporting documents in a single envelope. You will be notified by email when all of your application materials are received.
 9. Please include a self-addressed stamped legal-sized envelope for notification of the scholarship selection decision.
 10. Applications may be submitted beginning August 1, 2008. **All applications must be postmarked no later than October 24, 2008. Mail to:**
ASCP, Siemens Healthcare Diagnostics Student Scholarship Program, 33 West Monroe, Suite 1600, Chicago, IL 60603.
 11. Recipients of the Siemens Healthcare Diagnostics Legacy Student Scholarship are notified by mail no later than January 2009. The scholarship checks are mailed during January 2009

All information provided is confidential and is used only to select scholarship recipients. However, winners are asked to release their names, city and state for use in Siemens publications and scholarship announcements. The decision of the selection committee is final.

B. List previous and current education, including all schools attended, in the chart below.

*Please note: Calculated grade point average is mandatory. If more than 4 schools attended list on separate page.

School / Institution	Dates attended	Type of degree, diploma or certificate awarded (if any)	Completed hours		Grade point average*	Transcript
			Semester hours	Quarter hours		
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

C. Program Information

Name of NAACLS accredited institution _____
 Program Director _____
 Address _____
 City _____
 State _____ Zip code _____
 Telephone () _____
 Fax () _____
 Email _____

D. Applicant Declaration and Verification

The application will not be reviewed without the proper signatures.

Applicant's Declaration

I am a United States citizen or a permanent resident and certify that the information given in this application is true to the best of my knowledge. I also understand that no materials submitted as part of the application can be returned.

Signature of applicant _____
 Date _____

Verification by Program Official

I certify that the applicant is currently enrolled in a NAACLS accredited program, in his/her 4th year or final clinical year of MT/CLS education or final year of MLT/CLT education, and in good academic standing.

Signature of program official _____
 Date _____
 Title _____
 Name of program _____

Please check all scholarship applications submitted in 2007:

- Siemens Healthcare Diagnostics MT/CLS
- Siemens Healthcare Diagnostics Legacy
- ASCP Scholarship

E. Print your cumulative grade point average here:

Use the formulas below to determine your cumulative GPA.

Semester Hours (SH) Calculation Formula

SH per School x GPA = Quality Points (QP) per school
 QP per School One + QP per School Two = Total QP
 SH per School One + SH per School Two = Total SH
 Total QP ÷ Total SH = Cumulative GPA

* Example: If a student attended College One for 60 SH and earned a GPA of 3.50 and transferred to College Two for 90 SH with a 4.0 GPA, the student's cumulative grade point totals 3.80 as follows:

60 SH x 3.50 GPA = 210 QP
 90 SH x 4.0 GPA = 360 QP
 210 QP + 360 QP = 570 Total QP
 60 SH + 90 SH = 150 Total SH
 570 Total QP ÷ 150 total SH = 3.80 cumulative GPA

Quarter Hours (QH) Calculation Formula

Convert QH to SH by dividing by 1.5, and use the SH calculation formula.

F. Mailing Instructions

Incomplete application packets will not be returned and are not reviewed. **STOP AND DOUBLE CHECK!** Did you enclose the following items in ONE envelope?

- Signed Application
- Official transcript(s) from school(s) attended
- Three letters of recommendation
- Essay and activities list
- One self-addressed, stamped legal-sized return envelope

The postmark deadline is October 24, 2008

Mail to:

ASCP
 Siemens Healthcare Diagnostics Legacy Scholarship Program
 33 West Monroe, Suite 1600
 Chicago, IL 60603

