

**SIEMENS HEALTHCARE DIAGNOSTICS  
STUDENT SCHOLARSHIPS  
2008**



You could receive one of the \$2,500 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.

**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 by the application close date.
- 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) \_\_\_\_\_

\_\_\_\_\_

Dates of attendance: (check one and enter date)

4<sup>th</sup> year dates \_\_\_\_\_  OR final clinical year dates \_\_\_\_\_

**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:**
  - Your professional goals
  - What makes you one of the best students in the nation
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 Student Scholarship are notified by mail no later than January 31, 2009. The scholarship checks are mailed during February 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"/>
						<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 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 Scholarship Program  
 33 West Monroe, Suite 1600  
 Chicago, IL 60603

