

**JERSEY SHORE UNIVERSITY MEDICAL CENTER**  
**Florence M. Cook School of Medical Laboratory Science**  
**Program Scholarship Application Form**

SCHOLARSHIP IN HONOR OF THE FIRST PROGRAM DIRECTOR: Scholarship may be available for students enrolled in the Florence M. Cook School of Medical Laboratory Science. This scholarship program has been made possible through donations from the JSUMC clinical laboratory team members.

ELIGIBILITY: Applicant must be currently enrolled in the MLS program. This scholarship must be used to supplement tuition fees, books, or educational supply expenses.

INSTRUCTIONS: Please complete entire application and return by Dec 15<sup>th</sup>.

AVAILABILITY: Scholarship of \$500.00 will be given the following spring. In case of a tie, each will receive \$250.00

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Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Eves: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

e-Mail: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Marital Status \_\_\_\_\_

No. of Dependents: \_\_\_\_\_

Name of Affiliated University: \_\_\_\_\_

**I. EDUCATION**

No of credits: Total credits earned to date \_\_\_\_\_

Credits this semester \_\_\_\_\_

**GPA: (If applicable)** \_\_\_\_\_ **Science GPA:** \_\_\_\_\_

Current Scholarships/Financial Aids:

**II. EXTRACURRICULAR COLLEGE ACTIVITIES**

Community Services: \_\_\_\_\_

Other: \_\_\_\_\_

**III. PROFESSIONAL ORGANIZATIONS:** For additional space, please include another sheet of paper.

Membership#	Date Joined
ASCLS _____	_____
_____	_____
_____	_____

**IV. HONORS AND CITATIONS (Include all undergraduate, graduate honors)**

Awards: \_\_\_\_\_

Publications: \_\_\_\_\_

**V. PERSONAL STATEMENT:** Please explain why you merit this scholarship. Limit your response to no more than two pages. Include all academic, personal, and /or financial information you feel should be considered by the selection committee. Be sure to include your career goals and objectives. All of the information contained in this application must be accurate to the best of your knowledge.

All information provided in this application will be kept confidential. Please make sure that the application is complete and includes all additional documentation required as well as your personal statement. For more information, call Program Director: 732-776-3565

**VI: Expenses/ Financial Support Information**

Expenses	Financial Support
Tuition: Per Credit Cost _____	Tuition Reimbursement: (Semester/Year) _____
Tuition: Per Semester _____	_____
Books: _____	Current Scholarships received (Past Year): _____
Fees: _____	Other: _____
Transportation Costs: _____	Other: _____
Student Loans: _____	Other Financial Aid (Please list): _____

Child/Elder Care Expenses:	Other:
Indicate any extenuating financial need or hardship circumstances that you would like the Selection Committee to consider when reviewing your application:	
Total Expenses: \$	Total Financial Support: \$

**VII.** I agree to accept all decisions for scholarships made by the Selection Committee. If I am selected to receive a scholarship, I agree to work at least one year after graduation at a Meridian Health site, if a position is available.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**VIII. Submit to: Program Director  
Florence M. Cook School of Medical Laboratory Science  
Mehandru Pavilion 3  
Jersey Shore University Medical Center  
1945 Corlies Avenue  
Neptune, NJ 07753**

PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS