SARATOGA HOSPITAL
LABORATORY SPECIALIST SCHOLARSHIP PROGRAM
Application Form

By applying for this scholarship, you give permission for your information to be shared in promotional materials.

Name: _____

Address:

_____

_____

_____

Phone: _____ Best Email: _____

College Attending/Graduated from: _____

Laboratory Specialty:

____ Histology Technician/Technologist (circle applicable)

____ Clinical Laboratory Technician/Technologist (circle applicable)

____ Cytotechnologist

Date of Completion: _____
(Attach proof of graduation)

Anticipated Date of Graduation: _____
(Attach unofficial transcript)

Essay:

- Attach a one-page essay on why you chose clinical laboratory sciences and how you feel you stand apart from other students.

Resume:

- Attach a copy of current resume.

Recommendations:

- Letter of recommendation from a professor (required)
- Personal letter of recommendation (optional)

☐ **Release Authorization for processing a background screen.**

Printed name: **Date**

_____ _____

Signed name: **Date**

_____ _____