

Clinical Laboratory Scientists of Alaska
Application for Scholarships and Continuing Education Funding

Name: _____

Address: _____

Date of Application: _____

ASCLS Membership Number: _____

Number of years in ASCLS: _____

Amount of Funding Requested: _____

Committees, Offices, and Activities you have been involved with in ASCLS: _____

How do you plan to use the funding from ASCLS if you are awarded the assistance? _____

(Attach extra sheet if necessary)

I have fulfilled the eligibility requirements and agree to comply with all the scholarship and continuing education guidelines for CLSA.

Signature: _____