



Scholarships in Medical Laboratory Sciences Application Form 2017-2018

To be considered for a scholarship award you must submit the following:

- Completed Application Form
- Official Current Transcript
- Letter of Recommendation from a current teacher or instructor.

All information should be submitted to the OAML by no later than close of business **Friday December 15, 2017**. Refer to the Application Guidelines. If you have any questions, call (416) 250-8555.

Completed applications should be sent to:

OAML Scholarships,
Suite 1802, 5000 Yonge Street,
Toronto, Ontario M2N 7E9

Personal Information

Name

Date of Birth

Address

Telephone Number

Social Insurance Number

Educational Institution

List all the institutions you have attended, starting with your current institution.

Institution	First Year	Final Year	Program	GPA for last academic year	Max GPA for Institution



Ontario Association of Medical Laboratories

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Write an essay of at least 500 words, describing why you decided on a career in medical laboratory sciences and how you see yourself contributing to the advancement of your profession and/or the healthcare system in Ontario, over the next three to five years. (maximum 15 points)

Describe how this award will assist you financially. Financial need is allocated a maximum of 10 points out of a total of 40. Be as explicit as you can, to a maximum of 100 words. Include a description of efforts you have made to finance your education, such as summer employment, awards, etc. Complete the budget sheet on the following page to show your expected income and expenses for this academic year.



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STUDENT BUDGET

INCOME	JUN - AUG 2017	SEPT - DEC 2017	JAN - MAY 2018	TOTAL
1. Net Employment Income				
2. Spouse's Net Income				
3. Government Loan/Bursary				
4. Scholarships & Other Awards				
5. Contributions from Parents, Family				
6. Other Income (Specify)				
TOTAL INCOME				
EXPENSES	JUN - AUG 2017	SEPT - DEC 2017	JAN - MAY 2018	TOTAL
1. Tuition & Incidental Fees				
2. School Supplies				
3. Rent or University Residence				
4. Electricity, water, heat,				
5. Telephone, cable, internet				
6. Groceries				
7. Child Care				
8. Car or Public Transportation Costs				
9. Clothing & Laundry				
10. Medical				
11. Sports, Entertainment				
12. Other Expenses (Specify)				
TOTAL EXPENSES				

TOTAL INCOME	
TOTAL EXPENSES	
SURPLUS OR DEFICIT	



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Acknowledgement and Authorization

I declare that all information submitted in this application to the OAML Scholarship Program is true, accurate and complete to the best of my knowledge. I have read the OAML Scholarship Application Guidelines and by submitting this application, I agree to be bound by all of its terms and conditions. I agree that the decision of the committee is final.

Signature

Date

Checklist

Have you included in your application package:

- Completed application form
- Letter of recommendation from a current teacher or instructor
- A current **official** academic transcript in a sealed envelope from your educational institution

*When you have completed this application form, print it, attach the other required documents and forward to the OAML by no later than close of business (5pm EST), **Friday December 15, 2017.***