

Ontario Association of Medical Laboratories

Scholarships in Medical Laboratory Sciences Application Form 2021-2022

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 March 4, 2022.** Refer to the Application Guidelines. If you have any questions, call (416) 250-8555 or email oaml@oaml.com. Please include "Scholarship Application Question" in the Subject line.

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
	Email Address

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



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in Ontario, over the next three to fi	ng to the advancement of your profession and/or the healthcare syster ive years. (maximum 15 points)
of a total of 40. Be as explicit as yo have made to finance your education	you financially. Financial need is allocated a maximum of 10 points ou ou can, to a maximum of 100 words. Include a description of efforts yo n, such as summer employment, awards, etc. Complete the budget she
on the following page to show your	expected income and expenses for this academic year.
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STUDENT BUDGET

INCOME	JUN - AUG 2021	SEPT - DEC 2021	JAN - MAY 2022	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				
	1	1		
EXPENSES	JUN - AUG 2021	SEPT - DEC 2021	JAN - MAY 2022	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		1		



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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			
Check	klist				
Have y	you included in your application package:				
	Completed application form				
	Letter of recommendation from a current teacher or in	structor			
	A current official academic transcript in a sealed enve	lope from your educational institution			
When you have completed this application form, print it, attach the other required documents and forward to the OAMI by no later than close of business (5pm FST). Friday March 4, 2022					