

# LOIS B. JONES & DAVID R. PACE MEMORIAL SCHOLARSHIPS

## ELIGIBILITY REQUIREMENTS:

1. Applicant must be currently enrolled in an accredited MLS or MLT program in Mississippi.
2. Applicant must be a current member of ASCLS.
3. The ASCLS-MS Scholarship Chairperson must receive completed applications & official MLS or MLT program transcripts\* by **March 1, 2024**.

Please print all information.

## PERSONAL DATA

Last Name	First Name	Middle Name	Preferred Name
Home Address – Street or Box		City, State, Zip code	
School Address – Street or Box		City, State, Zip code	
Email address	Cell phone #	ASCLS Member #	

## COLLEGE EDUCATION

School Name	Location	Major	Dates Attended	Graduation Date

## CURRENT MLS or MLT EDUCATION\*

School Name & Address	Program Director	Enrollment Date	Projected Graduation Date

\*Official transcripts must be mailed from the college/university directly to the ASCLS-MS Scholarship Chairperson. For programs that do not operate on a semester or quarter basis, a letter from the Program Director detailing current grades will be sufficient.

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MEMORIAL SCHOLARSHIPS**

Please complete the following items in 1000 words or less per item. Use the space provided or attach additional sheets as needed.

1. As a future MLS or MLT, describe the importance of professionalism in the current healthcare climate. Explain how you will model professional behaviors in the workplace.

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2. Explain your financial need, and describe why you should qualify as a recipient of this scholarship.

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Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>SUBMIT APPLICATION &amp; OFFICIAL TRANSCRIPT TO ASCLS-MS SCHOLARSHIP CHAIRPERSON – <i>(EMAIL IS THE PREFERRED SUBMISSION METHOD)</i></b>	
<b>BY MAIL</b>	Jennifer Knight, MS Baptist Medical Center, Pathology Dept. 1225 North State Street, Jackson, MS 39202
<b>BY EMAIL</b>	<a href="mailto:jennifer.knight@bmhcc.org">jennifer.knight@bmhcc.org</a> (Put “ASCLS-MS Scholarship” in the subject line)
<b>BY FAX</b>	601-974-6286 (ATTN: JENNIFER KNIGHT)