

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.

**LOIS B. JONES & DAVID R. PACE
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.

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

Signature _____

Date _____

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