



\$2000 Scholarship Application

Student Information:

First Middle Last

Street Address City State Zip

Hometown City State

E-mail Phone

University/College attending: _____

Current Year: _____

Current GPA: _____

****Student:** Only Junior or Senior CLS students are eligible for the API Scholarships. Please provide responses to the three questions shown below. You may use attachments in responding with the submitted application.

****Program Director:** As required for eligibility, please attach a letter of recommendation of the student nominee.

Question 1: Describe an experience from your life and explain how this experience influenced your decision to pursue clinical laboratory science.

Question 2: Discuss a special attribute or achievement that sets you apart from other potential candidates to receive this award.

Question 3: Explain the importance of clinical laboratory science in our current times, and your vision of how laboratory science will evolve in the future.

Program Director Information:

Program Director Name and Title

E-mail

Phone

Name of Student Nominee: _____

University/College: _____

Program Director: Please provide a recommendation of the student nominee in the space below or with an attachment to this application.

Student Signature _____

Date _____

**Program Director
Signature** _____

Date _____

Program Director – please email the application to Sondra Witkoske at switkoske@api-pt.com, or mail to API Scholarship Program, 1159 Business Park Drive, Traverse City, Michigan, 49686. Please do not send duplicate applications. Applications must be emailed or postmarked by **November 9, 2020**. Scholarship winners will be contacted by phone by December 7, 2020. Names of scholarship winners will be posted on the API website by December 31, 2020. For more information or additional forms, please go to the API website at www.api-pt.com. If you have any questions regarding this scholarship, please contact switkoske@api-pt.com.