**CLIFFORD I. ARGALL ACADEMIC SCHOLARSHIP FORM**

(See instructions for completion below)

SCHOLARSHIP GUIDELINES

1. Applicants must be a U.S. citizen or a permanent resident of the United States.
2. Applicants must be accepted into or are in an approved Specialist in Blood Banking (SBB), Medical Technologist (MT), Clinical or Medical Laboratory Science (CLS/MLS), or Medical Laboratory Technician (MLT) program.
3. Applicants cannot complete their education before the scholarship is awarded.
4. Previous winners cannot reapply.

Legal Name

Permanent Address

Email Address

Business Address

Cell Home

 PHONE NUMBER PHONE NUMBER

Work School

 PHONE NUMBER PHONE NUMBER

School Name

Name of Dean, Administrator, CEO ***or***

Program Coordinator of School

School Address

Email Address (Optional)

Select the type of program you will be attending below:

Full Time Part Time Online/Distant Learning

Anticipated Graduation or Completion Date

Certification or Degree Sought Length of Program

1. EDUCATION/TRAINING: *(Send an official transcript from each College/University with seal)*

 College/University Date Attended Major Degree

1. CERTIFICATION(S)
2. PROFESSIONAL ACTIVITIES RELATED TO SBB, MT, AND/OR CLS

 Professional Activities Date Office elHeld

Professional Activities Dates Offices Held

1. HONORS AND CITATIONS: *(explain significance)* Date Awarded

1. PROFESSIONAL ORGANIZATION MEMBERSHIP

Are you a TABB Member? Yes No If Yes, Year Joined

 Other Scientific Societies Membership # Date Belonged Office Held
2. VOLUNTEER OR WORK EXPERIENCE: *(List most recent first)*

 Date of

Employer Position/Job Description Employment

1. ANTICIPATED EXPENSES VIII. OTHER SOURCES OF SUPPORT

 RELATED TO COURSE WORK *(List Amount Expected)*

 Tuition and Fees $ Scholarship(s) Name

 Books $ $

 Other *(specify)* $ Loans $

 $ Full or Part-Time Work $

 Parents/Others $

  **TOTAL** $ **TOTAL** $

1. OBJECTIVES: Attach a brief statement (500 words or less) describing your interest and reasons for pursuing a degree in Medical Technology, or a Certificate as a Specialist in Blood Banking.
2. REFERENCES/LETTER OF ADMISSION
	* + A Letter of Admission (LOA) or acceptance to the applicant’s program
		+ 2 Letters of Recommendation (LOR)
		+ Official College Transcripts(s) – unofficial transcripts will not be accepted

***NOTE: The applicant is responsible for ensuring that required documents have been sent. A completed application consists of the original application, letter of admission, two letters of recommendation, your Official College Transcript, and statement of objectives. We will not ask for missing documents and only complete application packets will be reviewed. Attach additional pages if you need more space to complete the information.***

 Complete ALL required information and direct all documents to the following address. Electronic submissions will be accepted at the email listed, and to the attention of Lesley Branscum. Please put “Clifford I. Argall Scholarship” in the subject line of any email correspondence.

TABB

Attn: Scholarship Application

P.O. Box 330948

Nashville, TN 37203

info@tabbonline.org

Scholarship application and all required documents

**MUST BE RECEIVED ON OR BEFORE FEBRUARY 28th.**

Documents received on March 1st or thereafter will not be considered.

**Good Luck!!!**

**PLEASE VISIT US AT** [**WWW.TABBONLINE.ORG**](http://WWW.TABBONLINE.ORG)

**Rev 07/10/19**