



Joseph M. Scott Educational Award

Joseph Scott was a pioneer of our profession both provincially and nationally. He worked in the Microbiology laboratory at the Ninette Sanatorium, specifically with M. tuberculosis from which he eventually contracted and passed away. He was active locally and also became the first Manitoba MLT to become elected and serve as the President of the CSMLS (formerly the CSLT).

You could receive an educational award on behalf of the Manitoba Association for Medical Laboratory Science (MAMLS) and the Joseph M. Scott fund. We are searching for eligible and deserving Manitoba students who are enrolled full-time in the MLS, Cytology or Clinical Genetics Programs. One Financial award of \$500.00 will be awarded annually to a graduate of a qualifying program.

Sponsors: This educational award is made possible by the generous support of:

- The family and friends of Joseph M. Scott
- MAMLS Board of Directors
- MAMLS Members (past, present, and/or retired)

Eligibility Criteria: To be eligible for consideration in this education award, you must be a:

1. Current member of MAMLS
2. Eligible for graduation from MLS, Cytology or Clinical Genetics Programs.
3. Canadian Citizenship and/or permanent residency in the province of Manitoba.

Judging Criteria: Each submission will be awarded points according to the following criteria, to a maximum score of 100 points:

- ❖ Academic Achievement (40 points)
- ❖ Leadership and Volunteer Service (20 points)
- ❖ Financial Need (15 points)
- ❖ Written Statement of Professional Goals (15 points)
- ❖ Two letters of reference (10 points)

Eligible submissions will be reviewed by the Awards Committee and final approval provided by the MAMLS Board of Directors.

Application Deadline: March 30th _2015_

Please note: *Your application, transcripts, and letters of recommendation must be received in **one** envelope and post-marked no later than this date.*

Final submission of transcript – June 30th

Important Information:

- ❖ Complete **all** sections of the application, and submit with appropriate signatures, and supporting documentation (as identified by the application form).
- ❖ Only official transcripts from your training program will be accepted.
- ❖ If you enclose a stamped, self-addressed, envelope your transcripts will be returned to you.
- ❖ Two letters of recommendation must accompany your application. One letter should be from a faculty member, college official, or clinical evaluator, who can vouch for your academic achievement, leadership, and potential for success in the profession. The second letter should be from a community leader or other person who can provide information on your volunteer activities in the community, leadership potential, etc.
- ❖ The name of the successful candidate will be published by MAMLS in a subsequent edition of the e-Catalyst.



MAMLS

(**Please Print All Information Legibly**)

Joseph M. Scott Education Award Application Form

Part 1: Applicant Contact Information

MAMLS Membership Number: _____

Name: _____
(Family Name) (First Name) (Middle Initial—if applicable)

Current Address:

(House/Apartment Number and Street)

(City) (Province) (Postal Code)

Mailing Address (if different from above):

(House/Apartment Number and Street)

(City) (Province) (Postal Code)

(Telephone Number) (Cell Phone Number)

(E-mail Address)

Part 2: Educational Qualifications

Name of Training Program: _____

Year commenced: _____ **Year of expected completion:** _____

Please list below any academic awards and/or honours that you have received.

Part 3: Statement of Financial Need

In the space provided, please indicate your financial status. All information provided will be treated as confidential.

Type of Expense	Annual Amount (CDN \$)	Sources of Income	Annual Amount (CDN \$)
Past/Current Loans		Employment	
Education-related expenses (books, tuition, supplies, etc.)		Support (other)	
Living Expenses (rent, food, etc.)		Grants, Bursaries, Financial Awards, and/or Scholarships	
Transportation Costs			
Total:		Total:	

Part 4: Written statements of Leadership Abilities and Professional Goals

Please include with your application the following 2 type-written submissions:

- Describe your leadership abilities as demonstrated through involvement in school, college, community, or other volunteer activities.
- Describe your professional goals

Part 5: Official Transcript

Please attach an official transcript from your training program. (If you provide a self-addressed stamped envelope with your application, the transcript will be returned to you).

Part 6: Letters of Reference

Attach two letters of reference as outlined previously in the section titled Important Information found on page 2 of the original application form.

Part 7: Signatures

Applications will not be accepted or reviewed without the required signatures.

Declaration:

I confirm that I am a Canadian Citizen and/or permanent resident of the province of Manitoba. Furthermore, I hereby certify that the information provided in the application and letters of reference included are true to the best of my knowledge.

Signature of Applicant: _____

Date: _____
(Y/M/D)

Verification by Program Official:

I certify that the applicant is currently enrolled in the _____ Program at _____, in his/her _____ year of study. Furthermore, I confirm that this individual is in good academic standing.

Signature of Official: _____ Position: _____

(Please Print Name): _____ Date: _____
(Y/M/D)

Please Stop and Check!

Be sure you have:

- Completed the entire application form (Parts 1, 2, and 3)
- Included your written statements of Leadership Abilities and Professional Goals
- Included an official transcript (and self-addressed stamped envelope if you would like it returned to you)
- Included 2 letters of reference
- Signed the application form and obtained verification from a college official
- Placed the application and **all** supporting documents in the envelope

Deadline for Initial Submissions: March 30

Deadline for Transcript submission: June 30

Mail to: Joseph M Scott Education Award
c/o Director of Professional Development
MAMLS
585 London Avenue, Winnipeg, Manitoba, R2K 2Z6

For Office Use only:

All preliminary documents received: _____ (Date)

Candidate notified of receipt: _____ (Date)

Official transcripts received: _____ (Date)

Candidate notified of receipt: _____ (Date)

Reviewed by MAMLS Board _____ (Date)

Board Decision: _____

Candidate notified of Board decision _____ (Date)

Award presented/ Application filed _____ (Date)

MAMLS Representative Signature: _____

Date: _____