

## Joseph M. Scott Education 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 education 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 Medical Laboratory Science, Cytotechnology 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

The name of the successful candidate will be published by MAMLS on MAMLS website and/or Social Media.

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

- Current member of MAMLS
- Eligible for graduation from MLS, Cytology or Clinical Genetics Programs.
- 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)
- Financial Need (15 points)
- Written Statement (Professional Goals, Volunteer Service) (25 points)
- Résumé including two references (one from Volunteer Service) (20 points)

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

**Application Deadline & Submission:** Two months before graduation ceremony

*Please note: Your application and all the supporting documents must be in PDF form and emailed TO:profdevelopment.mamls@gmail.com CC:president.mamls@gmail.com*



## Joseph M. Scott Education Award Application Form

### Part 1: Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 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:

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### 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 \$)
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		Other	
<b>Total</b>		<b>Total</b>	

#### **Part 4: Written Statement of Professional Goals and Volunteer Service**

- Describe what you learned through involvement in school, college, community or other volunteer activities.
- Describe your professional goals including volunteer activities related to the profession

#### **Part 5: Résumé and References**

At least one reference must be from volunteer service.

#### **Part 6: Transcript**

Please attach unofficial transcript from your training program. These must be verified by program official.

#### **Part 7: 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)

## Joseph M. Scott Education Award

### For Office Use only:

Applicant: \_\_\_\_\_

Application and all supporting documents received: \_\_\_\_\_ (Date)

Candidate notified of receipt: \_\_\_\_\_ (Date)

Reviewed by Professional Development Committee: \_\_\_\_\_ (Date)

MAMLS Board Decision: \_\_\_\_\_

Candidate notified of Board decision \_\_\_\_\_ (Date)

Award presented / Application filed \_\_\_\_\_ (Date)

**MAMLS Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_