
American Medical Technologists Institute For Excellence (AMTIE)

APPLICATION FOR
AMT MEMBER SCHOLARSHIP



American Medical Technologists
10700 West Higgins Road
Rosemont, Illinois 60018
(847) 823-5169

AMTIE
AMT Member Scholarship Application

(Please type)

PERSONAL AND PROFESSIONAL INFORMATION

Name _____ AMT I.D. # _____
(Last) (First) (Middle Initial)

Street Address _____

City _____ State _____ Zip _____

Telephone Number Home: (_____) _____ Work: (_____) _____

Employer/Company Name _____

Street Address _____

City _____ State _____ Zip _____

Job position/description _____

FURTHER CAREER EDUCATION

Check one:

I am CURRENTLY enrolled at the school named below.

I am PLANNING to enroll at the school named below.

Name of School _____

Street Address _____

City _____ State _____ Zip _____

Full Time Part Time Hours completed to Date _____

Degree Objective _____

PREVIOUS College Credits Earned (if any) _____

Name of School _____

Street Address _____

City _____ State _____ Zip _____

ADDITIONAL INFORMATION REQUIRED

a. Transcript (s) of grades from all colleges attended **MUST** be included here or sent to AMT.

b. Applicant **MUST** include a **TYPED** statement with this application that includes:

- 1) A brief explanation of financial need that will be lessened by scholarship assistance.
- 2) Description of applicant's career goals being pursued through completion of educational objectives.

Date _____ Signature of Applicant _____

AMT MEMBER SCHOLARSHIP REGULATIONS

1. Applicant **MUST** be a member in good standing with American Medical Technologists.
2. Applicant **MUST** be enrolled in a college or university accredited by a regionally accrediting agency or an accrediting agency recognized by the US Department of Education.
3. Applicant must file this completed application and all required information prior to **April 1** to be considered for the current year's scholarship.
4. All applications and supporting documents become the property of American Medical Technologists and can not be returned.
5. Scholarship recipients will be determined by the AMTIE Board of Trustees. The recipient of the current year's scholarship will be announced at the National Meeting of American Medical Technologists held in mid-summer.
6. The scholarship recipient will be notified thereafter, and **MUST** furnish proof of being a student in good standing and enrolled for entrance into the fall program of a college or university, accredited by a regional accrediting commission.
7. One \$2,500.00 and three \$1,000.00 scholarships will be awarded annually.
8. Applicant **MUST** provide evidence of financial need and career goals.

ADDITIONAL INFORMATION

In the space below, applicant must provide a typed statement including financial need and career goals as instructed elsewhere on this application form.



American Medical Technologists
Institute for Excellence

Return Application To:

AMERICAN MEDICAL TECHNOLOGISTS
10700 West Higgins Road
Rosemont, Illinois 60018
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