

# Student Scholarship Requirements and Procedures

## REQUIREMENTS AND SUBSTANTIATING INFORMATION

- Applicant must be a graduate of, or a senior in, an accredited high school (G.E.D., is also acceptable).
- Applicant must be enrolled in a school accredited by an accrediting agency recognized by the US Department of Education.
- Applicant's course of study must lead to a career in one of the disciplines certified by the American Medical Technologists.
- Applicants pursuing careers other than those certified by the American Medical Technologists will NOT be accepted.

### Please submit the following substantiating information with your application:

- Official school transcript of grades relevant to education already achieved. Copies are not acceptable.
- Two letters of personal reference. Choose two individuals, who know you well (e.g., teachers, employers or clergy). These individuals **cannot** be relatives.
- A separate **TYPED** statement stating why you have chosen this career.
- Attach W-2 current tax form
- Application, transcripts, letters, statement and forms are included in one package.

## PROCEDURES

- Application must be completed and filed prior to **APRIL 1** to be considered for the current year's scholarship. Applicants that are incomplete or are received in the AMT Office after April 1 will **NOT** be considered.
- Application **MUST** be typed to be considered. Please note that all applicants and supporting documents will be considered as confidential information by American Medical Technologists and after consideration will be destroyed.
- The AMTIE Board of Trustees, whose decision will be final, will determine scholarship recipients. Only the recipients will be notified. Five \$500.00 scholarships will be awarded annually. Applicants may only use the award to defray tuition costs.

Winners will be notified and thereafter will be required to furnish final proof of being either a student in good standing, or enrolled for entrance into the fall program of an accredited school.



# AMTIE Student Scholarship Application

**Please type and complete the entire application. If requested information is not applicable to your situation, reply should be "NA"**

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## SECTION 1 – PERSONAL INFORMATION

|   |  |
|---|--|
| Full Name:  | Date of Birth:                                 |
| Home Address:   | City, State, Zip:                              |
| Email:  | Phone:   |
| Are you a U.S. Citizen? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> have a Resident Alien Card <input type="checkbox"/> pending Resident Alien Approval<br><b>If not, give Alien Status:</b> |  |
| Are you a relative of an AMT member? (Check one)<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes, provide the member's name and AMT ID#: |

## SECTION 2 – CAREER EDUCATION AND TRAINING

**Indicate which career choice you are pursuing:**

- Medical Technologist  
  Medical Assistant  
  Medical Administrative Specialist  
  Dental Assistant  
 Medical Laboratory Technician  
  Phlebotomy Technician  
  Medical Laboratory Assistant

Are you currently enrolled in an educational program for the career you checked above?  Yes  No

**If yes, provide school transcript or other proof on school letterhead.**

State name, city and state of school you plan to attend: \_\_\_\_\_

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Have you been accepted at that school?  Yes  No If yes, please include a letter of acceptance.

Will you attend  full-time or  part-time

Estimated tuition \$\_\_\_\_\_ Estimated room and board \$\_\_\_\_\_

**NOTE:** If you are pursuing studies OTHER than medical laboratory technology, medical assisting, medical administrative assisting, dental assisting, phlebotomy or office laboratory technician, **DO NOT** submit an application.

**SECTION 3 – EDUCATION ACHIEVED**

List High School where graduated or now attending (or G.E.D.):

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date(s) of Enrollment: \_\_\_\_\_ Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_

G.E.D. Date of Certificate: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

List any college course of study complete \_\_\_\_\_

\_\_\_\_\_

**SECTION 4 –SCHOOL ACTIVITIES**

Please list, on a separate sheet, extracurricular activities, honors, hobbies and community involvement, including offices held in class or school organizations

**SECTION 5 –WORK EXPERIENCE**

List positions held in paid employment and dates of employment:

| Dates of Employment | Employer | Type of Work | Salary | FT or PT Hr/Wk |
|---------------------|----------|--------------|--------|----------------|
|                     |          |              |        |                |
|                     |          |              |        |                |
|                     |          |              |        |                |
|                     |          |              |        |                |

**SECTION 6 –FINANCIAL INFORMATION**

1. Is applicant employed?  Yes  No If yes  full-time or  part-time

If yes, state annual income as reflected in W-2 tax forms \_\_\_\_\_  
Attach current W-2 tax form

2. If Married, Spouse’s Name, Occupation and Annual Salary:

\_\_\_\_\_

3. Number of Dependent Children \_\_\_\_\_ Age Range \_\_\_\_\_

4. If not self-supporting complete a. thru e., if self-supporting go to 5.

a. Parent’s Occupations \_\_\_\_\_

b. Parent’s Address (es) if Different then Above \_\_\_\_\_

\_\_\_\_\_

c. Parent’s Annual Income \$ \_\_\_\_\_  
Attach current W-2 tax form

d. Number of Dependent Brothers & Sisters \_\_\_\_\_ Age Range \_\_\_\_\_

e. Siblings in College, Give Year of College \_\_\_\_\_

5. Amount and source of any other support (include amounts available from family, personal savings, summer or part time employment, loans, grants or scholarships): \_\_\_\_\_

\_\_\_\_\_

6. State financial obligations (dependents, outstanding debts, etc.) and include amount: \_\_\_\_\_

\_\_\_\_\_

7. State any unusual financial circumstances and include amount: \_\_\_\_\_

\_\_\_\_\_

To the best of my knowledge, all of the submitted information is correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** The application must be signed and dated or you will not be considered.

Return Application to:

**American Medical Technologists Institute of Excellence**  
**10700 West Higgins Road, Suite 150**  
**Rosemont, Illinois 60018**  
**(847) 823-5169**



