

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 AMT Scholarship Committee, 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.



American Medical Technologists
Institute for Excellence

AMTIE Student Scholarship Application

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

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 <input type="checkbox"/> have a Resident Alien Card <input type="checkbox"/> pending Resident Alien Approval If not, give Alien Status:	

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: _____

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 for Excellence
10700 West Higgins Road, Suite 150
Rosemont, Illinois 60018
(847) 823-5169

Student Scoring Page

(To be completed by applicant)

Please fill out the following summary questionnaire and attach needed documentation.

Name of Applicant: _____

1. Are you a graduate, senior or have a GED from an accredited high school? YES/NO

2. What was (is) your GPA from the accredited high school you attended?

3. Name of school currently enrolled that is accredited by the by the U.S. Department of Education.

4. Which AMT discipline will your current course of study lead to a career in?

5. Official school transcript of grade relevant to education already achieved. Attached YES/NO

6. TWO letters of Personal Reference. Attached YES/NO

7. Separate Typed Statement stating why you have chosen this career. Attached YES/NO

8. Date Submitted _____
(Deadline April 1)

9. Financial Aid Section 6 Attached. YES/NO

Score (For Office Use Only)	
1	Y=5 N=0
2	See Grading Scale
3	Y=5 N=0
4	Y=5 N=0
5	Y=5 N=0
6	Y=5 N=0
7	Scoring Content (0-5)
8	Y=5 N=0
9	Scoring Content (0-5)

Total Score: _____

Initials of Scorer