**AP-MLS Application**

BLS student,

 The MSU Academic Preparation for Medical Laboratory Science (AP-MLS) program is for Biomedical Laboratory Science (BLS) students interested in admission to the Medical Laboratory Science (MLS) degree, and who are from a disadvantaged background. The AP-MLS program at MSU is part of a Human Resources and Services Administration Scholarships for Disadvantaged Students (HRSA-SDS) grant program. At MSU, we defined a disadvantaged student as one who meets any of the following criteria:

1. Having severe financial hardship based upon FAFSA information. This is defined as an Estimated Family Contribution (EFC) of <$2,000 or household income <200% of the poverty index.
2. A first-generation college student.
3. Attending or graduating from a high school in a Low-Income School District, as determined by a search of the Teacher Cancellation Low Income (TCLI) database ([Https://studentaid.gov/tcli/](https://studentaid.gov/tcli/)).

The AP-MLS program, as the name implies, is a support program to assist BLS students from disadvantaged backgrounds be more competitive for admission to the MLS program. The AP-MLS program includes the following support:

1. Once per semester advising meetings with the MLS advisor, Ms. Mariane Wolfe
2. Once per semester advising meetings with the SMiLeS/AP-MLS program director, Dr. Hoag
3. Matched as a mentee with a MSU MLS alumni mentor
4. Advising on preparing the MLS application, and completion of the application process interviews
5. Taking BLD 221 (sophomores) and BLD 321 (juniors) 1-credit seminar courses for academic and professional skill development
6. Individual assistance in finding other necessary campus and community resources to aid overall student academic and personal well-being

If you are interested in an MLS career and admission to the MLS degree at MSU, and you would like to see if you qualify for AP-MLS, please complete this application form and email attach it to the AP-MLS program director, Dr. Hoag (hoagk@msu.edu), or drop it off in person to Dr. Hoag (N319 NKL).

PRINTED name (Last, First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to participate in the AP-MLS program (advising, cohorting, mentoring), and I understand I am not eligible for HRSA-SDS scholarship support until admitted to MLS. \_\_\_ Yes / \_\_\_ No (check one)

I authorize Dr. Hoag to obtain my FAFSA information from the MSU Office of Financial Aid, to determine my eligibility for participation in AP-MLS. \_\_\_ Yes / \_\_\_ No (check one)

Permanent (personal) email address (gmail, yahoo, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent cellular phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*PLEASE PRINT CAREFULLY SO ALL INFORMATION IS LEGIBLE\*\*\***