## Biomedical Laboratory Diagnostics (BLD) Program Scholarship Application Form

**NOTE:** Due to COVID restrictions, students can drop off the form in the main office if they have an in-person class SS21 or they can email their applications directly to Dr. Susan McQuiston at <a href="mailto:mcquist9@msu.edu">mcquist9@msu.edu</a>. The document must be in Docx, pdf, or jpg format.

Name						
MSU Email						
Permanent Addres	SS					
City/State/Zip Cod	de					
☐ Clinical Labo ☐ Clinical Labo ☐ Biomedical L	aboratory Sciences bratory Sciences ba bratory Sciences m aboratory Operati ster(s) are you re ear (e.g. Fall 202	laster's degree ons master's degre equesting support	e			
□ Freshman	Sophomore	□ Junior		Senior		Graduate
Are you eligible for financial aid?				Yes		No
•		r other colleges or the degree comple		•		tional pages if
		Course of Study/Degree	Y	ear of degree con	ferral	GPA at end of studies at this
Institution name	City/State	pursued		degree was comp		

**Employment History:** Provide information regarding employment history including dates of employment, employer information, a brief position description, and hours per week. Please start with the most recent experience. Additional information may be attached if necessary.

Dates	Employer Information	Position Title/Description
/to/ (Month/Year) Average hours per week:	Name: City/state:	
/to/ (Month/Year) Average hours per week:	Name: City/state:	
/to/ (Month/Year) Average hours per week:	Name: City/state:	
/to/ (Month/Year) Average hours per week:	Name: City/state:	
/to/ (Month/Year) Average hours per week:	Name: City/state:	
/to/ (Month/Year)  Average hours per week:	Name: City/state:	

In th	ne space provided, nediate upon degre	write a concise e completion, a	e statement o and longer te	of your profes rm.	ssional goals, b	ooth
part	ne space provided, icular personal or f d e.g. tuition, book	family financial	concerns. A	ying for schola Ilso describe h	arship assistan now the schola	ce. Describe rship will be

I attest that the information provided here is true and accurate to my knowledge and a	all
essays are entirely my original writing. I grant permission to the BLD Scholarship Selection	on
Committee to review my academic record including transcripts from other institution	ıS,
financial aid status, and employment history for verification of employment.	

Signature:			
Date:			

Revised 12/21