Biomedical Laboratory Diagnostics (BLD) Program Scholarship Application Form

Name					
MSU Email					
Permanent Address					
City/State/Zip Code					
□ Clinical Laborate□ Clinical Laborate	pursuing? oratory Sciences bachelor's degre ory Sciences bachelor's degree ory Sciences master's degree oratory Operations master's degre				
For which semester e.g. Semester/Year	r(s) are you requesting support r (e.g. Fall 2021)				
Current class standing	Sophomore		Senior Yes		Graduate No
	chart below for other colleges or	uni		atte	

Please complete the chart below for other colleges or universities you attended, whether degree seeking or not, and whether the degree completed or not. Add additional pages if needed.

Institution name	City/State	Course of Study/Degree pursued	Year of degree conferral if degree was completed	GPA at end of studies at this institution

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

In the space provided, write a concise statement of your professional goals, both immediate upon degree completion, and longer term.
In the space provided, describe why you are applying for scholarship assistance. Describe particular personal or family financial concerns. Also describe how the scholarship will be used e.g. tuition, books, load reduction, etc.

I attest that the information provided here is true and accurate to my knowledge and	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	۱S,
financial aid status, and employment history for verification of employment.	

Signature:		
Date:		

Revised 02/22