



SASKATCHEWAN SOCIETY OF MEDICAL LABORATORY TECHNOLOGISTS

Recognized as a Vital Link in Health Care

Scholarship Application Form

SSMLT Wheatland Bounty Professional Development Scholarship Fund

Lori Diane Cooper Leadership Development Scholarship

Please check the scholarship(s) that you are applying for.

(Please type or print. Complete all areas).

1. PERSONAL DATA

Name: _____

SSMLT #: _____ CSMLS #: _____

Home Address: _____

City: _____

Postal Code: _____

Telephone #: (H) _____ (W) _____

Job Title _____

Resume of Duties:

2. EMPLOYER DATA (if applicable)

Name: _____

Address: _____

Telephone: _____

3. DETAILS OF PROGRAM/COURSE FOR WHICH FUNDS WILL BE USED

Title: _____

Please attach descriptive literature and transcripts from the Program/Course completed:

Program Director _____

City, Province/State _____

Date(s): From _____ To _____

PROGRAM/COURSE EXPENSES

Program Fees _____

Travel Costs _____

Lodging _____

Misc. _____

Details _____

Total Expenses _____

4. OTHER FINANCIAL ASSISTANCE RECEIVED

Source _____

Amount _____

5. IF THE PROGRAM REQUIRED YOU BEING ABSENT FROM WORK, DID YOU TAKE:

Vacation _____ Unpaid Leave _____ Paid Leave _____

I certify that the information contained in this application is true and correct to the best of my knowledge. I further give my consent for the Saskatchewan Society of Medical Laboratory Technologists and/or it's staff to contact the Employer and Educational Institution named within this application to verify the information provided.

SIGNATURE

DATE