

Georgia State Society of American Medical Technologists

APPLICATION FOR

GSSAMT MEMBER SCHOLARSHIP



Georgia State Society of American Medical Technologists
c/o Hattie Gallon
2296 Wilkins Cove
Decatur, GA 30035
(770) 981-3848



AMT Student Scholarship Application

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

Section 1 - Personal Information

Full Name:	Date of Birth:
Home Address:	City, State, Zip
Email:	Phone:
Are you a US 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:	
Are you a relative of an AMT Member? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the member's name or AMT ID#:

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 to 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	Full or Part Time Hours per Week

Section 6 - Financial Information

1. Is application employed? Yes No If Yes Full-time or Part-time
If yes, state annual income as reflected in W-2 tax form _____
2. If Married, Spouse's Name, Occupation, and Annual Salary:

3. Number of Dependent Children _____ Ages _____
4. If not self-supporting complete a. through e., if self-supporting, go to 6.
- a. Parent's Occupations _____
- b. Parent's Address(es) if Different then Above _____

- c. Parent's Annual Income \$ _____
- d. Number of Dependent Brothers & Sisters _____ Ages _____
- 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 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:

GSSAMT
c/o Hattie Gallon
2296 Wilkins Cove
Decatur, GA 30035
(770) 981-3848
(770) 845-5047



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 career 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.
- Application, transcripts, letters, and statements should be included in one package.

Procedures

- ❖ Application must be completed and filed prior to March 31 to be considered for the current year's scholarship. Applications 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 applications 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.