$5000 Scholarship Application

Student Information:

_____

First Name   Middle Initial   Last Name

_____

Street Address   City   State   Zip

_____

Hometown City   State/Province   Country

_____

Cell Phone   E-mail

University/College attending:

_____

Student Status (please check): Rising Junior_____   OR   Rising Senior _____   Overall GPA: _____

[**Please note: Only** Rising Junior and/or Rising Senior CLS/MLS students are eligible for the API Scholarships.]

Student Applicants: Provide your responses to the three essay questions. The API Scholarship Committee encourages attachments for your essay responses. You **MUST** include your full name on the attachments.

- **Question 1:** Describe any life experiences and/or any special encounters you have had and how these interactions influenced your pathway to pursue clinical laboratory science.

- **Question 2:** Discuss what attributes or special achievements make you a unique, qualified candidate for the API Scholarship.

American
Proficiency
Institute

1159 Business Park Drive, Traverse City, MI 49686
800-333-0958 / FAX: 855-900-6119
api-pt.com

Innovative Solutions. Technical Excellence.

- **Question 3:** The clinical laboratory science profession is an integral part of patient diagnosis and care. What contributions do you see yourself making as a future clinical laboratory scientist working in the healthcare field? How will this impact the community in which you reside?

Student Signature_____**Date**_____

By submitting this form, you acknowledge that if selected as an API Scholarship awardee, you grant American Proficiency Institute permission to use your name, quote, and any photos you provide after the award announcement for promotional purposes. This may include but is not limited to, our website, social media, and marketing materials. American Proficiency Institute may edit quotes for clarity while maintaining their original intent. If you wish to revoke this permission at any time, please contact skingsley@api-pt.com.

****

Program Director Information:

_____

Program Director Name   E-mail   Phone

Name of Student Nominee:

_____

First Name   Middle Initial   Last Name

University/College:

_____

****Program Director:** For candidate eligibility, the API Scholarship Committee **requires** that you provide your letter of recommendation of the student nominee. The committee encourages an attachment of your recommendation be submitted along with the candidate's application and essay responses.

**Program Director
Signature**_____**Date**_____

Program Director – Please email the completed application, essay responses, and letter of recommendation to Sondra Kingsley at skingsley@api-pt.com, or mail to the API Scholarship Program, 1159 Business Park Drive, Traverse City, Michigan, 49686. Do not send duplicate applications. Applications must be submitted by email or postmarked by **April 23, 2025,** for scholarship consideration. Scholarship awardees will be notified by May 23, 2025. The names of scholarship awardees will be available on the API website by June 30, 2025. For more information, please go to the API website at www.api-pt.com. If you have any questions regarding this scholarship, please contact Sondra Kingsley at skingsley@api-pt.com.