

# **GAMMA-DYNACARE/RAYMOND LEPAGE SCHOLARSHIP FUND**

## ***PURPOSE***

The purpose of this fund is to facilitate participation by medical laboratory technologists in professional development programs that will enhance their knowledge and career in any field of endeavor. The scholarships will be awarded in recognition of the participation in, and contributions to, the Society made by Raymond Lepage. A maximum of \$1000 in funds may be awarded annually; the maximum scholarship to be awarded is \$200. The Sponsor has requested that the SSMLT administer the granting of scholarships from this fund.

## ***GENERAL TERMS OF REFERENCE***

- Only Courses/Programs that have been successfully completed will be considered for a Scholarship.
- Only Courses/Programs completed in the calendar year immediately preceding the December 31<sup>st</sup> deadline will be considered for a Scholarship.
- Applicants must be members of the SSMLT at the time of application.
- Applicants may only apply once per calendar year.
- The Application Form must be completed fully; additional supportive information must accompany the Application as requested and where appropriate.
- Applicants must be prepared to contribute some funding to their Course/Program.
- Applicants must report financial assistance received from other sources.
- Applicants will be advised of the decision of the Education, Marketing, and Development Committee approximately six to eight weeks following the deadline for submission.
- Approved scholarships will be paid upon submission of the appropriate documentation including financial receipts for registration fees/tuition, evidence of successful completion of the Course/Program, and a short article for publication describing the Course/Program.

## ***APPLICATION DEADLINE***

December 31<sup>st</sup> of each year.

Application Forms are available from the SSMLT Office.

Submit completed Application Forms to: SSMLT Office

Box 3837

Regina, SK S4P 3R8

# **SSMLT WHEATLAND BOUNTY PROFESSIONAL DEVELOPMENT SCHOLARSHIP FUND**

## ***PURPOSE***

The purpose of this fund is to facilitate participation in professional development programs in medical laboratory technology. The funds are derived from the sale of the Wheatland Bounty Cookbook. A maximum of \$1500 in funds may be awarded annually.

## ***GENERAL TERMS OF REFERENCE***

- Only Courses/Programs that have been successfully completed will be considered for a Scholarship.
- Only Courses/Programs completed in the calendar year immediately preceding the December 31<sup>st</sup> deadline will be considered for a Scholarship.
- Applicants must be members of the SSMLT at the time of application.
- Applicants may only apply once per calendar year.
- The Application Form must be completed fully; additional supportive information must accompany the Application as requested and where appropriate.
- Applicants must be prepared to contribute some funding to their Course/Program.
- Applicants must report financial assistance received from other sources.
- Applicants will be advised of the decision of the Education, Marketing, and Development Committee approximately six to eight weeks following the deadline for submission.
- Approved scholarships will be paid upon submission of the appropriate documentation including financial receipts for registration fees/tuition, evidence of successful completion of the Course/Program, and a short article for publication describing the Course/Program.

## ***APPLICATION DEADLINE***

December 31<sup>st</sup> of each year.

Application Forms are available from the SSMLT Office.

Submit completed Application Forms to: SSMLT Office

Box 3837

Regina, SK S4P 3R8



# SASKATCHEWAN SOCIETY OF MEDICAL LABORATORY TECHNOLOGISTS

*Recognized as a Vital Link in Health Care*

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## **LORI DIANE COOPER LEADERSHIP DEVELOPMENT SCHOLARSHIP**

### **PURPOSE:**

The purpose of this scholarship shall serve to promote and recognize positive, constructive leadership skills and training in medical laboratory technologists. The funds will be derived from interest born by donations from professionals, vendors of equipment and supplies for laboratories, and other interested parties. A maximum of \$250 may be awarded each year.

### **GENERAL TERMS OF REFERENCE:**

Applicants must be members of SSMLT or SSMLT/CSMLS.

Applicants must have completed a course/program related to enhancement of leadership skills and methods. The application for this scholarship must be received by March 31 of the year following the calendar year during which the course/program was completed.

The applicant must exhibit leadership qualities. This person must be visibly able and willing to work productively with people, seeing differences and variations as strengths, and an opportunity to unify and build.

This person must be positive in attitude, gentle yet strong in progress.

The application will require the applicant to submit a brief essay of 500 words or less describing how different personalities and varying agendas in technologists can be made to work together to achieve a common goal! The applicant will also provide contact information for two work references

This scholarship may and need not be awarded annually; only as it becomes obvious that a person with the above qualities has applied, or has been nominated by co-workers.



# SASKATCHEWAN SOCIETY OF MEDICAL LABORATORY TECHNOLOGISTS

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## Scholarship Application Form

**SSMLT Wheatland Bounty Professional Development Scholarship Fund**

**Gamma-Dynacare /Raymond Lepage 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 its staff to contact the Employer and Educational Institution named within this application to verify the information provided.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE