

## Bob Gay Cytotechnology Scholarship Application Form

Please complete and return this application if you wish to be considered for the **Bob Gay Cytotechnology Scholarship**. The Selection Committee will use this information for the purpose of awarding scholarships for 2018. Please type or print. Use black ink. Complete all sections. Return this application along with the other application materials (student resume, essay, recommendation letter, official transcript) to: Laila Perez, 837 Clonmel Drive, Matthews, NC 28104, 704-882-1714 (FAX), or laila.perez@asctservices.com. **Deadline is February 15, 2018**.

ADDRESS:Street number/ apt. #	City	State	Zip
PHONE NUMBER:	EMAIL:		
CYOTECHNOLOGY PROGRAM:			
CYTOTECHNOLOGY SEMESTER HOU	URS COMPLETED: _		
* CUMMULATIVE GPA: CU			
	JMMULATIVE SEM		
* CUMMULATIVE GPA: CU	JMMULATIVE SEM	ESTER CREDIT	°S:

<sup>\*</sup> CT program will supply GPA and semester credits from official transcript

<sup>\*\*</sup> Letter of recommendation should be sent by your reference directly to: Laila Perez, 837 Clonmel Drive, Matthews, NC 28104; 704-882-1714 (FAX), or <a href="mailto:laila.perez@asctservices.com">laila.perez@asctservices.com</a>