



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 2025. 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 or electronically (preferred) to: laila.perez@asctservices.com. **Deadline is Monday, February 17, 2025.**

FULL NAME: _____

ADDRESS: _____
Street number/ apt. # City State Zip

PHONE NUMBER: _____ EMAIL: _____

CYOTECHNOLOGY PROGRAM: _____

CYTOTECHNOLOGY SEMESTER HOURS:

_____ * CUMMULATIVE GPA: _____

CUMMULATIVE SEMESTER CREDITS: _____

** RECOMMENDATION REQUESTED FROM: _____

_ CAPACITY IN WHICH YOU HAVE KNOWN REFERENCE: _____

* CT program will supply GPA and semester credits from official transcript

** Letter of recommendation should be sent by your reference directly to Laila Perez, 837 Clonmel Drive, Matthews, NC 28104 or electronically (preferred) to: laila.perez@asctservices.com.