**Elizabeth “Kizzy” Moore Gabriel Memorial Scholarship**

The purpose of this scholarship is to provide an opportunity for two recipients to attend the NCABB Fall Meeting. The scholarship award includes waived registration fees for the NCABB Fall Meeting and up to $150 in expenses associated with attending the conference. Examples of eligible expenses are the recipient’s hotel room, meals or travel expenses. Two recipients will be selected and notified by the NCABB President prior to August 25th 2016.

**Guidelines:**

1. Applicant must be currently working in Blood Bank/Transfusion Service in North Carolina OR an MLS/MLT recent graduate or current student enrolled in a NAACLS accredited program in clinical/medical laboratory science in North Carolina.
2. Students must submit a reference letter from their Program Director. Employees must submit a reference letter from their Immediate Supervisor.
3. **Complete applications include: the application form, reference letter and essay. Must be postmarked or emailed by August 15 of the current year.**
4. Application should be mailed to:

NCABB, Inc., P.O. Box 34213, Charlotte, NC 28234

Or Application may emailed to Rebecca Bullock:

Rebecca.Bullock@quotientbd.com

**Elizabeth (Kizzy) Moore Gabriel Memorial Scholarship**

**APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| (Last) | (First) | (Middle Initial) |
| Home Address: |  | Phone: |  |
| (Street) |
|  |
| (City, State, Zip) |
| Mailing Address: |  | Phone: |  |
| (Street) |
|  |
| (City, State, Zip) |
| EmailAddress: |  |
| Check appropriate category: |  MLS/MLT Student/Recent Graduate |
|  MLT/MLT Employed in Blood Bank |
| Place of Employment or MLS/MLT Program: |  |
| Facility or Program Name |
|  |
| Facility or Program Street Address |
|  |
| City, State, Zip |
|  |
| Immediate Supervisor or Program Director Name |

**Verification by Program Director OR Immediate Supervisor:**

*I certify that the applicant is currently enrolled in (or a recent graduate of) a NAACLS accredited MLS/MLT Program.*

Signature of Program Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I certify that the applicant is currently employed/working in a Blood Bank/Transfusion Service in North Carolina.*

Signature of Immediate Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Essay:**

Please include an essay (500 words or less) describing one current challenge or issue facing Clinical Laboratory Science or Transfusion Medicine. Include how you, as an individual, can make a difference.