



## 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 one night stay at the hotel to attend the conference. Two recipients will be selected and notified by the NCABB President prior to August 17, 2018.

### 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. Applicant must submit a letter of reference. Students must submit a reference letter from their program director; employees must submit a reference letter from their immediate supervisor.
3. Applicant must 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.
4. **Complete applications include: the application form, reference letter and essay. Application must be postmarked or emailed by August 1<sup>st</sup>, 2018 to be considered.**

Applications should be mailed to: NCABB, Inc., P.O. Box 34213, Charlotte, NC 28234 or emailed to Christina Pipgras: [clpipgras@gmail.com](mailto:clpipgras@gmail.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)

Email Address: \_\_\_\_\_

- 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.