



# American Association of Bioanalysts David Birenbaum Scholarship Fund OFFICIAL SCHOLARSHIP APPLICATION

Scholarship Awards from the David Birenbaum Scholarship Fund are made available to current AAB regular members and to current registrant or regular class members of the AAB Associate Member Section, their spouses, and their dependents through the generosity of fellow members, interested individuals, industry, and educational institutions. These awards may be applied toward study in any academic discipline.

**Complete all pages of this application in full. Type or print legibly. Any additional facts that you wish the Scholarship Committee to consider in judging your eligibility may be added on a supplementary sheet.**

*In addition to the completed scholarship application, the following documentation / material is required to finalize your application for review:*

- 1. An official transcript documenting high school and, if applicable, college credit. Only official transcripts will be accepted – photocopies and unofficial transcripts are not acceptable.** A transcript release form is available for your convenience in contacting your high school, college or other school. The form can be downloaded from the AAB website or is available by request from the AAB office.

A partial official transcript may be submitted for students presently enrolled in an accredited high school or equivalent or college. A complete official transcript of credits from high school, college, or other school(s) attended must be submitted by all other applicants. A grading scale must accompany all official transcripts.

Academic transcripts (US and International) must be forwarded to the AAB office directly from the issuing institution. Transcripts must be official and contain the seal of the educational institution. Transcripts may be forwarded by mail to: AAB Scholarship Program, 906 Olive Street, Suite 1200, St. Louis, Missouri 63101-1448.

AAB will also accept official electronic transcripts, provided they are forwarded directly to AAB by the high school, college, or a company in partnership with the college (e.g., Transcripts Plus, Student Clearing House, and Parchment). Electronic transcripts should be forwarded to [aab@aab.org](mailto:aab@aab.org).

- 2. Two original, signed letters of character reference.** In addition to an original signature, each letter must include the full name of the reference and contact information (email address and telephone number preferred).
- 3. A high resolution digital photograph of yourself.** A 300 dpi JPEG is preferred and should be emailed to [HamptonL@aab.org](mailto:HamptonL@aab.org). If you are chosen to receive a scholarship award, your photograph will appear in the AAB Bulletin, published periodically for the benefit of AAB members.

These scholarship awards are gifts to be applied toward the cost of tuition. They place no obligation on the recipients other than that they do the best possible work as students. It is in the spirit of such gifts that recipients are not obligated to repay any money to AAB, but it is hoped that they, too, will help others to obtain an education when they become successful in the field of their choice.

After you have read the above and completed the application form, mail to:

**AAB Scholarship Committee  
David Birenbaum Scholarship Fund  
906 Olive Street - Suite 1200  
St. Louis, MO 63101-1448**

Failure to include any information requested will delay the application. Please double check that all requested information is included with the application before mailing.

The deadline date for submission of completed applications is generally in April or May of each year depending on the dates of AAB's Conference. Contact the AAB office for details. Recipients will be announced immediately following AAB's Annual Conference and awards will be presented immediately thereafter.

**Applicant, please note:** If you are married or otherwise self-supporting and are receiving no aid from your parents, please complete this form as it applies to your own situation.

Since this is a request for financial assistance, it is necessary that we ask for this confidential statement. This form should be filled out completely, or we will not be able to judge an applicant's worthiness for the scholarship.

**PART I - Applicant's Personal Statement**

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  Male  Female  Married  Single

Graduate of \_\_\_\_\_ High School Date Graduated \_\_\_\_\_

Colleges or Other Schools Attended \_\_\_\_\_

The following information is submitted in support of application for a partial tuition scholarship to attend the (enter here the name of the school you plan to attend): \_\_\_\_\_

Address of School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of proposed entry into school \_\_\_\_\_ What is your goal after completing the program? \_\_\_\_\_

Employment in which you have been engaged and dates of employment: \_\_\_\_\_

Name and address of present employer \_\_\_\_\_

Hours per week \_\_\_\_\_ Weekly earnings \_\_\_\_\_ Number of persons dependent on your earnings and to what extent? \_\_\_\_\_

**Character References (give name and address). Be sure to attach two original, signed letters of character reference.** The written references do not necessarily have to come from the individuals listed below.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART II - Confidential Financial Statement**

Names of Parents or Guardians:

Father \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation(s) \_\_\_\_\_

Annual Salary \_\_\_\_\_

Employer(s) \_\_\_\_\_

Mother \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation(s) \_\_\_\_\_

Annual Salary \_\_\_\_\_

Employer(s) \_\_\_\_\_

Were you listed as a tax dependent on your parent's income tax return last year?  YES  NO

Will you be listed as a dependent on your parent's income tax return this year?  YES  NO

Children dependent on you (or your parents) for support:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Applicant's Assets and Liabilities:

Savings \$ \_\_\_\_\_

Insurance (educational) \_\_\_\_\_

Other (please list) \_\_\_\_\_

Indebtedness \$ \_\_\_\_\_

Automobile: Make \_\_\_\_\_ Year \_\_\_\_\_

How much financial aid can you expect from your parents or other sponsor during your time at school?

\_\_\_\_\_  
\_\_\_\_\_

**Part III. Civic/Community Service and Other Activities**

Describe below your civic activities, community involvement and other special activities that may assist the reviewers when considering your application. If necessary, add additional page(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

