



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. Any additional facts that you wish the Scholarship Committee to consider in judging your eligibility may be added on a supplementary sheet.

Eligibility requirements for David Birenbaum Scholarships:

1. Graduation from an accredited high school or its equivalent.

Students who are presently enrolled in high school may apply and submit a partial transcript of their high school credits for consideration. All other applicants must submit a complete transcript of credits from high school, college or other school(s) attended. **A grading scale must accompany all official transcripts.** A transcript release form is posted for your convenience. Photocopy the form as needed to request transcripts. Only official transcripts will be accepted, photocopies are not acceptable.

2. Two original letters of character reference. Photocopies are not acceptable.

3. Enclose a black and white or color photo of yourself with the application. If your application is approved for a scholarship award, your photograph will be published in the *AAB Bulletin*. Include a note with the photograph specifying if you would like to have the photograph returned and include the complete mailing address for delivery. An electronic file can also be sent as a jpeg, 300 dpi.

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 the application along with any other information to:

**AAB Scholarship Committee
David Birenbaum Scholarship Fund
906 Olive Street - Suite 1200
Saint 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?

Important: Be sure to attach an official transcript of credits from high school, college or other school(s) attended. A grading scale must accompany all official transcripts. A Transcript Release Form is posted for your convenience in contacting these educational institutions.

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 written character references. 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).

Part IV. Academic Interests and Goals

In the space provided below, please type or print a statement of your academic interests and goals.

Signature Page

After filling out the above information, print the application, sign below and forward the completed application to the AAB office by mail: AAB Scholarship Committee, David Birenbaum Scholarship Fund, 906 Olive Street, Suite 1200, Saint Louis, MO 63101-1448.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge, and I give AAB permission to use general, non-financial information provided in this application for publicity on scholarship winners if I am awarded a scholarship.

Applicant Signature

Parent or Guardian Signature