***NJABBP***

***Scholarship Application Form***

**New Jersey Association of Blood Bank Professionals (NJABBP)**

**Post Office Box 781**

**New Brunswick, NJ 08901**

*Eligibility: For those who want to further their career or interested in research and want to take a certificate program or achieve an advanced degree. For those planning on studying in the following areas: management administration such as MBA or MPA or studies in the field of Transfusion Medicine, Donor Services, Medical Services such as Cellular Therapies and/or SBB school…*

***Scholarship Applicants must be a member in good standing of the NJABBP to be eligible a scholarship****.*

*To become a member go to :* [*https://www.njabbp.org*](https://www.njabbp.org) *and click on the Membership tab*

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Address |  |
| City/State |  |
| Phone contact | □Work: □Personal: |

What degree/certificate are you pursuing?

For which year are you requesting support?:

What school/program are you planning to attend/currently attending?:

Current class standing:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🞏 | Freshman | 🞏 | Sophomore | 🞏 | Junior | 🞏 | Senior | 🞏 | Graduate |
| Are you eligible for financial aid? | 🞏 | Yes | 🞏 | No |

Please complete the chart below for other colleges or universities you attended, whether degree seeking or not, and whether the degree is completed or not. Add additional pages if needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution name | City/State | Course of Study/Degree pursued | Year of degree conferral if degree was completed | GPA at end of studies at this institution |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Employment History:** Provide information regarding employment history including dates of employment, employer information, a brief position description, and hours per week. Please start with the most recent experience. Additional information may be attached if necessary.

|  |  |  |
| --- | --- | --- |
| Dates | Employer Information | Position Title/Description |
| \_\_\_\_\_/\_\_\_\_to\_\_\_\_/\_\_\_\_(Month/Year)Average hours per week: | Name:City/state: |  |
| \_\_\_\_\_/\_\_\_\_to\_\_\_\_/\_\_\_\_\_(Month/Year)Average hours per week: | Name:City/state: |  |
| \_\_\_\_\_/\_\_\_\_to\_\_\_\_/\_\_\_\_\_(Month/Year)Average hours per week: | Name:City/state: |  |
| \_\_\_\_\_/\_\_\_\_to\_\_\_\_/\_\_\_\_\_(Month/Year)Average hours per week: | Name:City/state: |  |
| \_\_\_\_\_/\_\_\_\_to\_\_\_\_/\_\_\_\_\_(Month/Year)Average hours per week: | Name:City/state: |  |

In the space provided, write a concise statement of your professional goals, both immediate upon degree/certificate completion, and long term goals.

In the space provided, describe why you are applying for scholarship assistance. Indicate how the scholarship will be used e.g., tuition, books, load reduction, etc.

Please make sure that you have enclosed the following documents:

* Transcripts
* Two reference letters
* Contact information on current employer

I attest that the information provided here is true and accurate to my knowledge. I grant permission to the NJABBP Scholarship Selection Committee to review my academic record including transcripts from other institutions and employment history for verification of employment. I attest that I am a member in good standing with the NJABBP

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |

Mail, fax or email: APPLICATION DEADLINE: March 22, 2024 for consideration for current year

**Mail to:**

New Jersey Association of Blood Bank Professionals (NJABBP)

Post Office Box 781

New Brunswick, NJ 08901

**Fax to:**

Michael J. Conway

Chair / Scholarship Committee

FAX#: 973-754-3178

**Email to:**

conwaym@sjhmc.org