



National Society for Histotechnology
3545 Ellicott Mills Dr.
Ellicott City, MD 21043
P: 443-535-4060 ♦ F: 443-535-4055
www.nsh.org

Application for an NSH Student Scholarship

Instructions

1. All application materials, including this cover page, **must be received by March 2, 2018** to be considered.
2. All application materials should be submitted electronically using the applicant portal, or emailed to natalie@nsh.org
3. To complete this application form, type responses directly into the gray boxes. If an electronic signature is not available, the applicant may type his or her name in the signature line or sign the completed, printed form and scan it to create a PDF copy.

Application Checklist

- Completed application form (Required)
- Evaluation form completed by the student's professor, mentor, advisor, etc. (Required). If this will be submitted directly by the individual completing the form, please check this box:
- CV/Resume (Strongly Recommended)
- Letter of Intent; Letter to the Awards Committee briefly reviewing your histology interests and what you will use the scholarship funds for. (Strongly Recommended)

APPLICANT INFORMATION

First Name:	Last Name:	MI:
Notification Address:		
City:	State:	Zip:
Country:		
Phone:	Fax:	
Email Address:		
Individual NSH Membership ID:		
University/Institution:		
Department:		
Study/Research Area:		

APPLICANT CERTIFICATION

<input type="checkbox"/> By checking this box and signing/typing my name in the signature line, I certify that the application information provided is accurate and correct to the best of my knowledge.
Date: _____ Signature: _____



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Evaluation form for an NSH Student Scholarship

This form should be used when providing recommendation for an NSH student scholarship. Completed forms can be submitted with the applicant’s full scholarship package, or should the recommender prefer can also be emailed to natalie@nsh.org no later than March , 201 . Visit the [student scholarship section](#) of the NSH website to learn more about this scholarship.

Name of applicant applying for this scholarship:

Name of program the student is enrolled, or plans to enroll in:

Name of individual completing this evaluation form:

Institution or organization of the recommender:

Instructions:

Please rate the applicant named above in the following areas. A rating of “5” represents the highest recommendation for that category. You are also encouraged to provide qualitative feedback should you feel it will help the selection committee better evaluate the student applying.

1. The student demonstrates a keen interest in histotechnology:

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any comments you feel will help the selection committee better evaluate this applicant as it relates to the question above:

2. The student demonstrates classroom leadership. This can be either in a traditional classroom setting, in the lab, or in within online education communities.

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any comments you feel will help the selection committee better evaluate this applicant as it relates to the question above:

3. The student is committed to academic growth and achievement.

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any comments you feel will help the selection committee better evaluate this applicant as it relates to the question above:

OTHER: