**

**Elizabeth “Kizzy” Moore Gabriel Memorial Scholarship**

The purpose of this scholarship is to provide an opportunity for two recipients to attend the NCABB Annual Spring Meeting. The scholarship award includes waived registration fees for the NCABB Annual Spring 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 March 29th, 2024.

**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. Must be emailed by March 29th, 2024.**

Applications should be emailed to Melissa Dugenske: [Melissa.Dugenske@conehealth.com](mailto:Melissa.Dugenske@conehealth.com)

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**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:** 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.

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