

**Joy Holm Memorial Scholarship**  
**Betty Lynne Theriot Memorial Scholarship**  
**Guidelines and Procedures**  
(revised January 2016)

The Joy Holm and Betty Lynne Theriot Memorial Scholarships are offered each year to both MLS and MLT students for financial aid in the senior or clinical year of a curriculum. The scholarships are payable at \$250.00 a semester for two (2) semesters or \$500.00 for one (1) year in an accredited school of medical laboratory science. Up to three (3) scholarships may be awarded each year. The scholarship fund is perpetuated by donations from LSCLS through various fundraising activities.

Letters announcing the scholarships are emailed to college advisors in January or early February, depending on the date of the annual Spring Meeting. A due date is selected (usually around March 15) that will enable the committee to make its selection by the time of the annual LSCLS meeting. With each letter of notification, an application form is attached. This application may be duplicated as the advisor sees fit.

Guidelines for evaluating the applicants have been established. In certain instances, the committee may see the need for additional considerations.

Once the recipients have been chosen, the Chair is to notify them of their award. In turn, the Chair acknowledges the receipt of the other applications with the note that the scholarships have been awarded.

The recipients of the Joy Holm Memorial Scholarship are sent a Statement of Intent Form (Form #1) which they are to sign, have notarized, and return to the Chair of the Education and Scholarship Committee. The recipient should also notify the Chair of the name and address of the college or university where the award should be sent. The money may be sent directly to the college or university where the student will be enrolled for their senior year, or the check may be issued directly to the student during the awards ceremony at the annual LSCLS meeting.

Following this, the Authorization for Payment of Scholarship Grant (Form #2) is completed with the information given by the recipient as to whom the scholarship check should be sent. This form must be signed by the Chair of the Education and Scholarship Committee and the President of LSCLS and forwarded to the Treasurer for payment.

Each year, the scholarship winners should be announced in the LSCLS Bayou Tech along with a notice of where contributions to the scholarship fund may be sent.

Scholarship funds are deposited with the current bank of choice of the treasurer and are withdrawn as needed.

## **Evaluation Procedure Used in Selecting Recipients of the Joy Holm and Betty Lynne Theriot Memorial Scholarships**

### **I. Selection Committee**

- A. Chair of Education and Scholarship Committee
- B. Chair should appoint two LSCLS active members who could serve in an unbiased manner (i.e. having no students from their institution directly involved in competition).

### **II. Selection Procedure**

- A. Committee decides the maximum percentage value to be used in each of the five areas of evaluation.
  - 1. Grade point average
  - 2. Student expression of interest in profession of medical laboratory science
  - 3. Financial need
  - 4. Letters of recommendation
  - 5. Extracurricular activities
- B. An independent evaluation is performed by each committee member and the applicants ranked by total points.
- C. Full committee will meet to rank the applicants according to composite value of independent evaluations. The applicants selected will be the three applicants with the two highest total percentage points (maximum 100 points).
- D. Student should be entering their senior/clinical year.

### **III. Factors to be Considered**

- A. Grade point average (GPA) should be a minimum cumulative and science grade point average of 3.0 on a 4.0 scale.
- B. Student expression of interest in medical laboratory science and his future plans
- C. Financial need may be difficult to judge without a financial statement. Consider:
  - 1. Number of siblings and number in college
  - 2. Expenses during clinical year (living expenses, tuition, books and uniforms)
  - 3. Work record of student
- D. Letters of recommendation
- E. Scholastic or honorary awards, which may augment the GPA and financial needs. This may be a deciding factor between two applicants of equal status.

## **Joy Holm Memorial Scholarship General Information for Applicants**

The Joy Holm Memorial Scholarship is awarded annually by the Louisiana Society for Clinical Laboratory Science to students entering their senior/clinical year of a medical laboratory science curriculum. Each scholarship is payable at \$250 per semester for two semesters, or \$500 for one year in an accredited school of medical laboratory science. This scholarship is available to MLS students as well as MLT students.

### **Eligibility**

1. Applicant must have a minimum cumulative and science grade point average of 3.0 on a 4.0 scale.
2. Applicant must possess the personality traits suited to a career in medical laboratory science.
3. Applicant must demonstrate financial need.
4. Applicant must be a member of LSCLS.
5. Applicant must be entering or enrolled in their senior/clinical year.

### **Applications**

From the pool of applicants received by the Education and Scholarship Committee, two (2) awardees will be chosen: One will receive the Joy Holm Memorial Scholarship, the other will receive the Betty Lynne Theriot Memorial Scholarship.

Applications are judged on basis of eligibility, scholastic record, and content of application. A completed application must include:

1. Completed application form
2. Two letters of recommendation
  - a. One from a person whom the applicant knows personally (i.e. minister, family physician, current employer, etc)
  - b. One from the school you are presently attending.  
This letter should be from someone who can attest to the applicant's dedication to the field of Medical Laboratory Science
2. An official transcript from the college or university you are currently attending.

**The Louisiana Society for Clinical Laboratory Science  
Joy Holm Memorial Scholarship  
Betty Lynne Theriot Memorial Scholarship  
Application Form**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**Education**

College/University currently attending: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Science GPA: \_\_\_\_\_

Are you a US citizen or a permanent resident? \_\_\_\_\_

How long have you lived in Louisiana? \_\_\_\_\_

When do you expect to begin your clinical year? \_\_\_\_\_

Have you been accepted into a hospital/university MLS/MLT program? \_\_\_\_\_

If yes, list hospital/university name: \_\_\_\_\_

**Family**

Father or Guardian: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Nature of Employment: \_\_\_\_\_

Mother: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Nature of Employment: \_\_\_\_\_

Spouse (if applicable): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Nature of Employment: \_\_\_\_\_

Number of children dependent upon the family income for support: \_\_\_\_\_

How many children are currently in college? \_\_\_\_\_

Will you be able to live at home while completing your clinical program? \_\_\_\_\_

Have you held a part-time job to finance your college education? \_\_\_\_\_

If yes, what type of work? \_\_\_\_\_

On average, how many hours per week? \_\_\_\_\_

List any scholastic or honorary awards that you have received during your school career. Include any extracurricular activities that you consider important accomplishments. (use a separate sheet if necessary)

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Explain why you are interested in becoming a medical laboratory scientist/technician and what your future career plans are as you now see them. (use a separate sheet if necessary)

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Explain your need for scholarship aid. (use a separate sheet if necessary)

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**I certify that ALL information presented in this application is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Joy Holm Memorial Scholarship**  
**Statement of Intent**  
(Form #1)

This is to certify that in accepting the Joy Holm Memorial Scholarship, it is my intention to complete my academic education in Medical Laboratory Science and become certified by a recognized national accrediting agency.

Also, it is my intent to work in the state of Louisiana for at least one year following completion of my clinical program and receiving my degree.

It is understood that this scholarship will revert to a loan, repayable within three years to the Joy Holm Memorial Scholarship Fund of the Louisiana Society for Clinical Laboratory Science if I should:

- a. Fail to maintain a high scholastic average
- b. Terminate my education in Medical Laboratory Science for any reason

Signature: \_\_\_\_\_

Subscribed and sworn before me \_\_\_\_\_, Notary Public in  
\_\_\_\_\_ Parish, Louisiana, this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public