



SOL HABERMAN SCHOLARSHIP AWARD

Information below is to be completed by the student applicant:

Author: Information about the author should include name, credentials, institutional affiliation, address and phone number.

Name/Credentials or Title:
<Example: Joan Smith, MT(ASCP)>

Mailing Address:
(including zip code)
Phone Number: ()
(9-5 Number, including area code)

Title of Paper:

I do hereby submit that this entry is my own work. I may have received some guidance from an instructor or supervisor, but the plan is mine, and I alone have written the manuscript. I am now enrolled or was enrolled in the past year as a blood banking student, and request that this paper be reviewed by the Awards Committee for consideration of the Sol Haberman Scholarship. I, also, certify that this paper has not been previously published. Further, I hereby give my permission to have this paper reviewed by the editorial board for possible publication in the Pulse, the official publication of the South Central Association of Blood Banks.

Date

Signature

.....

To be completed by Education Coordinator (Please print or type)

Name/Title:
Institution:
Mailing Address:

I do hereby certify that the above individual is currently enrolled, or was enrolled in the past year, at the above institution for the study of specialty in blood banking.

Date:

Signature:

Print this form, and submit with the requested signatures to South Central Association of Blood Banks via scan and email to scabb@scabb.org or fax to (866) 649-6590.