



# California Blood Bank Society

## Educational Fund Award Application Form

Date: \_\_\_\_\_ CBBS Member?  Yes  No

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

Home Address: \_\_\_\_\_

Home City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you Currently working or training in a blood bank or transfusion medicine related area?  Yes  No

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's City, State, Zip: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Does your employer reimburse you for educational expenses?  Yes  No

If yes, what percentage? \_\_\_\_\_

Title and date of CBBS Regional Seminar/Annual Meeting: \_\_\_\_\_

**Please include the following attachments with this application:**

- 1. A concise statement of need including how the scholarship will be of benefit to your job performance or training and/or Employer (limit of one page).**
- 2. A letter of support from your Employer.**

Return the completed application and supporting documents to the CBBS Central Office (915 L Street, PMB -C416, Sacramento, CA 95814, fax number (520) 844-1952, email address: [cbbs@cbbsweb.org](mailto:cbbs@cbbsweb.org)). This application must be received 4 weeks in advance of a Regional Seminar, or 8 weeks in advance of the Annual Meeting. Your application will be reviewed by a committee made up of members of the CBBS Board of Directors who will notify you of the acceptance or rejection of you application.

*CBBS is committed to providing opportunity for scholarships from Educational Funds. CBBS will not discriminate on any basis prohibited by law. This policy applies to all decisions affecting the selection and assignment of scholarships.*