



Work Commitment Tuition Subsidy Application

Medical Laboratory Science Program

Award Amount: \$10,000

Work Commitment: 24 months full-time employment at Johns Hopkins Health System

Eligibility Requirements:

Applicants for the 2026 – 2027 Tuition Subsidy must be accepted into OR be currently enrolled as a senior in the final year of the MLS program as of **July 1, 2026**.

Application Timeline:

Expected Graduation	Application Deadline*	Interviews	Award Notification Date	Expected Job Start Date
May – August 2027	July 1, 2026	August 2026	September 15, 2026	Within 2 months of graduation

** Applications received after the deadline will NOT be considered. Only completed applications with all required documents will be reviewed.*

Required Documents for Application:

1. Completed application form (pages 2-6)
 - a. Must be signed by you and your Dean/Department head, where designated.
 - b. Email to PathCE@jhu.edu
Subject Header: Tuition Subsidy Application (Student Name, Graduation Year)
2. Most recent official college transcript sent to PathCE@jhu.edu
3. Recommendation Letters (3)
 - a. Recommenders should email letters directly to PathCE@jhu.edu
Subject Line: (Student Name) Letter of Recommendation (Year)
 - b. It is the applicant’s responsibility to follow up with recommenders to ensure they submit by the deadline.
 - c. Applicants may reach out to PathCE@jhu.edu to ensure that all letters have been received by the application deadline.

Selection Process:

All complete applications will be reviewed by the Tuition Subsidy Selection Committee. There are limited awards available. Top candidates will be invited for interviews to be conducted virtually. Not all applicants may receive an interview. All applicants will be notified of their final status by **September 15, 2026**.

Questions:

For questions, you may email PathCE@jhu.edu or call Wesley Dangerfield at (410)-955-5395.

Medical Laboratory Science (MLS)

Employment History

Include military service if applicable.

Previous Employer (Name of Company)

Address (Street Address, City, State and Zip Code)

Work Phone

Dates of Employment (From/To)

Department

Supervisor's Name

List Your Job Title and Briefly Describe Your Duties

Indicate the Specific Reasons You Left This Job

Previous Employer (Name of Company)

Address (Street Address, City, State and Zip Code)

Work Phone

Dates of Employment (From/To)

Department

Supervisor's Name

List Your Job Title and Briefly Describe Your Duties

Indicate the Specific Reasons You Left This Job

Personal References

List individuals who are familiar with your work performance and/or career goals. You may include co-workers, but do not list relatives.

Name

Phone Number

Relationship

Years Known

Name

Phone Number

Relationship

Years Known

Name

Phone Number

Relationship

Years Known

Medical Laboratory Science (MLS)

Educational and Career Objectives

Please answer the following questions about your education and career objectives and goals. This information will be used to select scholarship recipients.

Have you been formally accepted into your senior year in a Clinical Science/Medical Laboratory educational program that is NAACLS accredited?

*Eligibility for the Tuition Subsidy is contingent upon acceptance into the final year of a degree program no later than **July 1, 2026**.*

If so, please indicate the name of the educational institution, location and degree program into which you have been accepted. You will be asked to confirm your acceptance/enrollment with a letter from the program or official copy of your transcript.

Name of School _____

Location of School _____

Degree Program _____

What made you decide to pursue a degree in a health care related educational program?

When do you expect to complete this educational program? (List month and year of expected completion)

What is the total estimated cost of the final year in the program? (tuition, fees).

Financial assistance for Clinical Science/Medical Laboratory subsidy is \$10,000, with 24-month commitment. please check below to acknowledge (subject to taxation).

\$10,000 (Requires 24-month full time commitment/ 2 years)

Medical Laboratory Science (MLS)

What qualities and strengths do you possess that will make you an outstanding health care provider?

What professional growth opportunities do you look forward to in the next few years?

Please include any additional information that may be helpful to the Tuition Subsidy Committee. You can include extracurricular activities, volunteer activities, special honors or awards etc.

If you are awarded a Tuition Subsidy, to whom at the college/university should the check be sent? (this must be college/university address, not a personal address)

Name: _____

Address: _____

Telephone Number: _____

Medical Laboratory Science (MLS)

To be completed by Dean/Department Head:

I certify that _____ is scheduled to be a full-time student during the 2026-2027 academic year and if the student receives the scholarship they will be scheduled to complete at least one rotation at the Johns Hopkins Hospital in Baltimore, MD.

College/University

Name of Dean/Department Head (Please Print):

Signature of Dean/Department Head

Date

In applying for the "Work Commitment Tuition Subsidy", I understand and agree to a 24-month period of full-time employment at the Johns Hopkins Health System if a position** is available and offered to me upon graduation. Falsification of information will result in the Work Commitment Tuition Subsidy becoming immediately due and payable to The Johns Hopkins Hospital. I understand that if I do not complete my college course of study, I must repay the Work Commitment Tuition Subsidy monies. This application becomes the property of The Johns Hopkins Hospital. I have been accepted into my clinical program of study. I certify that the information provided is complete and accurate to the best of my knowledge. I authorize The Johns Hopkins Hospital to investigate and validate all statements made in this application, including validating prior employment, checking references, and conducting criminal background checks in accordance with the policies of The Johns Hopkins Hospital and The Johns Hopkins Health System Corporation.

I understand the Tuition Subsidy Selection Committee will not discriminate with respect to race, age, sex, religion, creed, sexual orientation, national origin or veteran status.

Applicant's Signature

Date

***A limited number of awards are available. Accepted applicants are not guaranteed shift availability (Day, Evening, Night, and/or Weekend) or location (Downtown Baltimore, Bayview, Howard County, Affiliate hospitals) – openings are based on the available JHHS positions at time of graduation and successful completion of the interview and recruitment process per JHHS employment policies.*

***Applicants may be asked to complete an online interview before final selection is made for tuition subsidy/scholarship awards.*