



Association for the
Advancement of
Blood & Biotherapies

TO: Christopher Bocquet (Transfusion Medicine Section Coordinating Committee Staff Liaison)

FROM: AABB Future Leader Scholarship Award Applicant

RE: 2025 Submission of Paper for Publication

I am submitting my paper:

for consideration for the AABB Future Leader SBB (or equivalent) Scholarship Award. I have also submitted this manuscript to be reviewed for possible publication in the

It is my understanding that this manuscript will not be published before September 5, 2025 by which date the AABB Future Leader SBB (or equivalent) Scholarship Award winner(s) will have been chosen.

Name:

Mailing Address:

Email Address:

Phone Number:

Signature:

Date:



APPLICATION FOR AABB FUTURE LEADER SBB (or equivalent) SCHOLARSHIP AWARD

Applicant Section – Please complete the following information:

Name:

Mailing Address:

Social Security Number:

MT(ASCP) Number:

Other Certification:

Title of Paper:

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 have conducted my own research of the literature for references. The manuscript follows the format used by authors wishing to submit a manuscript to *Transfusion*. (These instructions appear in each January issue.) Critical independent review of the final manuscript may have not provided some general suggestions, but any revisions are my own. I am aware that this paper will not be eligible for consideration if references are made to self, institution or state, or if the anonymity of the entry is compromised.

This entry has not been published, printed, or submitted elsewhere and will not be submitted elsewhere for publication prior to the decision of the AABB judges, without written consent of the AABB. This permission will be granted in all cases but applicant must request approval in writing through the AABB National Office to attention of Christopher Bocquet, 4550 Montgomery Avenue, Suite 700, North Tower, Bethesda, MD 20814. I give my permission for publication of both my manuscript and the abstract for my manuscript by the AABB for educational purposes, if this entry receives a scholarship award. I understand that the copy I submit to the AABB will not be returned to me.

Signature of Applicant:

Date:



PROGRAM SECTION-PLEASE COMPLETE THE FOLLOWING INFORMATION:

Accredited SBB (or equivalent) Education Program:

Program Address:

Medical Director:

I verify that the applicant (Name):

is currently enrolled, accepted for enrollment in, or who have recently completed training (within 12 months) from the above-mentioned AABB/CAHEA-accredited

Specialist in Blood Banking (or equivalent) Program.

Signature of Medical Director:

Date:
