



**NABT BioClub Book Scholarship Application
2024-2025**

I. Student Information

Name: _____

Home Address: _____

Phone: (_____) _____

Email: _____

High School / College: _____

High School / College Address: _____

II. BioClub Advisor:

Name: _____

Phone: (_____) _____ - _____ ext _____

Email: _____

III. Scholarship

List the science courses you have taken in high school/college and grade achieved in each:

What is your current grade point average? _____

Class ranking: _____ / _____

Are there any factors impacting your grade performance that should be clarified?

What aspect of your life science education has been most rewarding?

What are your career goals?

IV. Leadership

List/Describe offices or awards earned in your school or community in the last 4 years:

V. Service (add pages as needed)

Describe any projects or activities you have facilitated in the BioClub:

What would you describe as your greatest contribution to your school's BioClub?

In what community service organizations have you participated, and in what capacity?

IV. Recommendations

In addition to your BioClub sponsor, list the names of two other adults who can comment on your qualifications for this scholarship. **You need a total of THREE recommendations.**

1. Name: _____

Email: _____

2. Name: _____

Email: _____

3. Name: _____

Email: _____

DIRECTIONS:

1. Complete the 3-page application thoroughly.
2. Give the Evaluation Form to your BioClub sponsor and the two other adults you list on your application. Ask them to complete the evaluations electronically and email them to the address below.

You may fill out the application electronically or you may print it, fill it out, and then scan and email it to the address below. All applications must be received by March 15, 2025 to be considered. All applications and evaluations should be submitted via email.

Tanya Quiroz
Galen College of Nursing
Phone: 502-694-7741
email: tquiroz@galencollege.edu

**NABT BioClub Book Scholarship Applicant Evaluation Form
2024-2025**

Applicant's Name: _____

Evaluator's Name: _____

In what capacity, and for how long, have you known the applicant:

Please give us your honest evaluation of the applicant, adding comments where applicable.

5= Strongly agree

2= Disagree

4= Agree

1= Strongly disagree

3= Neither agree nor disagree

N/A= No basis for evaluation

The applicant has demonstrated consistently high academic performance and integrity.

1 2 3 4 5 N/A

The applicant has pursued rigorous science coursework with enthusiasm.

1 2 3 4 5 N/A

The applicant has promoted science appreciation through his/her interactions with others.

1 2 3 4 5 N/A

The applicant's plans to pursue a science-based career are shared with others.

1 2 3 4 5 N/A

The applicant organizes and delegates well.

1 2 3 4 5 N/A

On the back, or on a separate sheet, please provide any other information that might distinguish this candidate from others.

Please do not return this evaluation to the student.

Evaluation may be electronically completed or printed and scanned. Please return to tquiroz@galencollege.edu. If providing a separate letter of recommendation, please submit as one file with this evaluation.

Please return evaluation by **March 15, 2025**