

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: ()	
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 cap	oacity, and	l for how lon	g, have you ł	known the ap	oplicant:				
_	-		ation of the a		-	its where applicable			
5= Strongly agree 4= Agree					2= Disagree 1= Strongly disagree				
3= Neither agree nor disagree					N/A= No basis for evaluation				
The applica	ant has de	monstrated	consistently	high academ	ic performan	ce and integrity.			
	1	2	3	4	5	N/A			
The applica	ant has pu	rsued rigoro	us science c	oursework w	vith enthusias	sm.			
	1	2	3	4	5	N/A			
The applica	ant has pr	omoted scier	nce appreciat	tion through	his/her intera	actions with others.			
	1	2	3	4	5	N/A			
The applica	ant's plans	s to pursue a	science-bas	ed career are	e shared with	others.			
	1	2	3	4	5	N/A			
The applica	ant organi	zes and dele	gates well.						
	1	2	3	4	5	N/A			
		separate she lidate from o		ovide any ot	her informati	on that might			

Please <u>do not</u> 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