



# Institute of Business & Medical Careers

## PRESIDENTIAL SCHOLARSHIP

### High School Scholarship Application

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

#### **IBMC Presidential High School Scholarship**

The Institute of Business and Medical Careers has helped students build their careers in the business and medical fields and may be the key to the successful future of a high school student. IBMC is committed to providing practical training in a supportive environment and prepares students for a high demand career.

Many students need help financing their education. To assist students as they pursue their hands-on career training, IBMC has two scholarship options available for each high school to award to the student of their choice.

**Option One:** A \$1000 scholarship is awarded to a student seeking a Certificate or Diploma in the program area of their choice

**Option Two:** A \$1500 scholarship is awarded to a student seeking an Associate's of Occupational Studies Degree in the program area of their choice

#### **Eligibility and Selection Procedure:**

IBMC scholarship recipients are selected by the participating high school's counseling departments, teaching staff or other selection committees designated by the high school. Although final selection of the recipient is left to the discretion of each high school, IBMC offers the following guidelines as selection criteria:

#### **The graduate should display:**

- The desire to pursue training at IBMC
- A cumulative grade point average of 2.5 during the junior and senior years of high school
- Financial need
- Ability to work well with others
- Good attendance records during their junior and senior years of high school

#### **Application Procedure:**

To apply for the IBMC Presidential Scholarship, the following should be completed by the high school before the designated deadline:

1. Student completes scholarship application
2. Counselor completes the scholarship recommendation
3. Counselor submits the completed scholarship application and recommendation along with the student's high school transcript and the signature of a high school official

**This application must be postmarked by the 15th of the month. Scholarships are awarded monthly.**

# IBMC Presidential Scholarship Application

(to be completed by student)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## High School Information:

Name of High School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

### High School Activities:

- |                                   |                                       |  |                                       |
|-----------------------------------|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Yearbook | <input type="checkbox"/> FFA/FHA      | <input type="checkbox"/> Student Council | <input type="checkbox"/> Speech/Drama |
| <input type="checkbox"/> Sports   | <input type="checkbox"/> School Paper | <input type="checkbox"/> Band            | <input type="checkbox"/> Other _____  |

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student GPA: \_\_\_\_\_ Attendance Record (Number of absences): \_\_\_\_\_

Signature of High School Official: \_\_\_\_\_

Program Interest:  **DIPLOMA**  **ASSOCIATE'S OF OCCUPATIONAL STUDIES DEGREE**  **CERTIFICATE**

### Healthcare

### Business

### Legal

### Massage

- |   |   |                                    |  |
|---|---|------------------------------------|--|
| <input type="checkbox"/> Medical Assisting        | <input type="checkbox"/> Business Administration & Accounting | <input type="checkbox"/> Paralegal | <input type="checkbox"/> Therapeutic Massage |
| <input type="checkbox"/> Medical Billing & Coding |   |                                    |  |
| <input type="checkbox"/> Pharmacy Technician      |   |                                    |  |

Provide a brief statement about your desire to pursue an education at IBMC in this career choice:

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# IBMC Presidential Scholarship Recommendation

(to be completed by Counselor)

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The student named above is being recommended for the Presidential Scholarship offered by IBMC.

**Please circle one evaluation (above average, average, below average, or N/A) for each characteristic listed below.**

## Scholastic Capabilities

Ability to perceive and relate ideas, originality. Above Average Average Below Average N/A

## Communication Facility

Adequate vocabulary, ability in oral expression, effective written communication. Above Average Average Below Average N/A

## Initiative and Industry

Plans well, executes plans to completion, consistent in level of accomplishment, resourceful, develops interests. Above Average Average Below Average N/A

## Social Conduct

Cooperative, relates well with others, respects rights of others, a dependable citizen. Above Average Average Below Average N/A

## Emotional Stability

Accepts responsibility of own decisions & actions, maintains even disposition. Above Average Average Below Average N/A

## Peer Relationships

Generally liked by others, well-mannered, friendly, participates in group activities. Above Average Average Below Average N/A

## Influence & Leadership

Positive influence, able to organize, displays leadership. Above Average Average Below Average N/A

## Integrity

Dependable, consistently trustworthy, honest, reliable. Above Average Average Below Average N/A

## Purpose

Has definite purpose in educational plans, motivated in carrying out purposes, generally is goal-oriented. Above Average Average Below Average N/A

## Potential

Able to carry out goals to completion, potential to handle additional responsibility. Above Average Average Below Average N/A

**Comments:**

Information concerning the student's character, sense of purpose, and level of motivation that would be valuable.

**Recommended by:**

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

Position or Title: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*IBMC does not discriminate on the basis of sex, race, color, nationality or ethnic origin or handicap.*

**Please mail ALL scholarship documents to IBMC by the 15th of the month.  
The following address should be used when mailing the application:**

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**Fort Collins**

*Main campus*

3842 S. Mason St.  
Fort Collins, CO 80525  
Phone: (970) 223-2669  
Fax: (970) 223-2796

**Greeley**

*Branch campus*

5400 W. 11th St.  
Greeley, CO 80634  
Phone: (970) 356-4733  
Fax: (970) 584-2058

**Longmont**

*Branch campus*

2315 N. Main St.  
Longmont, CO 80501  
Phone: (303) 651-6819  
Fax: (303) 569-9172

**Cheyenne**

*Branch campus*

1854 Dell Range Blvd  
Cheyenne, WY 82009  
Phone: (307) 433-8363  
Fax: (307) 638-2348