



## **Helena College Information Technology Scholarship**

Scholarships will be made available each semester in the amount of \$750 through the Helena College Foundation to students enrolled full-time in the Computer Technology program at Helena College. Students must have successfully completed at least one semester.

**Deadline: October 15, 2020**

### **Eligibility Criteria:**

1. Enrolled full-time in the Computer Technology program;
2. Successfully completed at least one semester at Helena College;
3. Minimum 3.0 GPA;
4. In good academic standing.

### **Selection Decision:**

The Helena College Scholarship Committee (consisting of at least one CT instructor, one non-CT instructor and one non-faculty member) will review applications and select the scholarship recipient.

Each scholarship recipient will write an acknowledgement letter (thank you) to the donor.

### **Application Procedure & Criteria:**

1. Complete the application form and return it to the Financial Aid Office on or before the deadline,
2. Complete a 1-2 page essay explaining how this scholarship would assist you in obtaining a career in IT,
3. Attach two (2) completed Reference forms (one academic/one community member), letters of recommendation can be included, but are optional.

# Helena College Information Technology Scholarship Application Form

**Applicant Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Concentration** \_\_\_\_\_

**References:** List the names of two (2) individuals who will write recommendations to accompany this application. One must be a faculty member (adjunct or full-time), and one person from the community. **Attach these recommendations to this form in a sealed envelope.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## APPLICATION CHECKLIST

- Completed application form
- 1-2 page essay of need & career goals
- Two Reference Forms (one academic/one community member)

The scholarship committee/Helena College may submit a notice of the award to the local newspaper or use the award information in public relations documents. The award information may include your name, program and dollar amount awarded. By signing this form you acknowledge and agree that this information may be disclosed.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Submit completed application and material to Helena College Financial Aid Office at 1115 North Roberts Street, Helena, MT 59601.

**The deadline for the 2020-2021 Helena College Information Technology Scholarship is October 15, 2020.**

### Office Use Only:

GPA: \_\_\_\_\_ Date Received \_\_\_\_\_



## Scholarship Reference Form 1 Helena College IT Scholarship

### SECTION I: To Be Completed by the Applicant

**Name** \_\_\_\_\_

Under the Family Rights and Privacy Act of 1974, students enrolled at Helena College University of Montana have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation, and therefore, the letters will be held in confidence. I waive the right to review the reference form.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### SECTION II: To Be Completed By Evaluator

The above named individual is applying for a scholarship through Helena College University of Montana. Please rank the applicant in the categories below by placing an X in the appropriate box. Please return the form as soon as possible to the Financial Aid Office. If an applicant has not signed the waiver above, he or she may request to see the letters of recommendation after the scholarship decision has been made.

	Excellent	Good	Satisfactory	Below Average	Poor	Not Applicable
Ability to Learn						
Integrity						
Leadership Ability						
Perseverance Toward Goals						
Team Member						
Attitude						
Initiative						
Motivation						
Communication Skills						
Organization/Time Management						
Responsibility						
Self-Discipline						

Please use your personal knowledge of the applicant to respond to the following questions:

1. How long have you known the candidate, and in what capacity (employer, school instructor, etc.)

**2. Please tell us what you believe to be the applicant's particular strengths in his/her personal, educational or professional life. If you can, give examples of particular accomplishments.**

**3. What is your knowledge of the applicant's educational goals and his/her progress toward achieving these goals?**

**4. Is there any additional information we should know about this applicant in regard to this scholarship award?**

**What is your overall recommendation?**

Recommend with Confidence     Recommend     Recommend with Reservations     Do Not Recommend

**I may have concerns about this student. Please contact me.**

Yes                       No

Preferred contact method:     Phone                       Email

**Evaluator's Name** \_\_\_\_\_

**Organization/Institution/Department** \_\_\_\_\_

**Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Signature of Evaluator** \_\_\_\_\_ **Date** \_\_\_\_\_



## Scholarship Reference Form 2 Helena College IT Scholarship

### SECTION I: To Be Completed by the Applicant

**Name** \_\_\_\_\_

Under the Family Rights and Privacy Act of 1974, students enrolled at Helena College University of Montana have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation, and therefore, the letters will be held in confidence. I waive the right to review the reference form.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### SECTION II: To Be Completed By Evaluator

The above named individual is applying for a scholarship through Helena College University of Montana. Please rank the applicant in the categories below by placing an X in the appropriate box. Please return the form as soon as possible to the Financial Aid Office. If an applicant has not signed the waiver above, he or she may request to see the letters of recommendation after the scholarship decision has been made.

	Excellent	Good	Satisfactory	Below Average	Poor	Not Applicable
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Integrity						
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Team Member						
Attitude						
Initiative						
Motivation						
Communication Skills						
Organization/Time Management						
Responsibility						
Self-Discipline						

Please use your personal knowledge of the applicant to respond to the following questions:

1. How long have you known the candidate, and in what capacity (employer, school instructor, etc.)

**2. Please tell us what you believe to be the applicant's particular strengths in his/her personal, educational or professional life. If you can, give examples of particular accomplishments.**

**3. What is your knowledge of the applicant's educational goals and his/her progress toward achieving these goals?**

**4. Is there any additional information we should know about this applicant in regard to this scholarship award?**

**What is your overall recommendation?**

Recommend with Confidence     Recommend     Recommend with Reservations     Do Not Recommend

**I may have concerns about this student. Please contact me.**

Yes             No

Preferred contact method:     Phone             Email

**Evaluator's Name** \_\_\_\_\_

**Organization/Institution/Department** \_\_\_\_\_

**Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Signature of Evaluator** \_\_\_\_\_ **Date** \_\_\_\_\_