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, 2019

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 2019-2020 Helena College Information Technology Scholarship is October 15, 2019.

Office Use Only:
GPA: _______________ Date Received
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.

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<th>Category</th>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Below Average</th>
<th>Poor</th>
<th>Not Applicable</th>
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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 ______________
SECTION I: To Be Completed by the Applicant
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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 _________________