

# TIBS Scholarship Awards Application

## Purpose

The purpose of the TibsCorp Scholarship Awards is to provide college scholarship awards to students who have shown a career interest in the sciences or engineering with an emphasis on healthcare technology and engineering. Several Scholarship Awards have been established to honor individuals who have made contributions to Healthcare Engineering. Annual Scholarship Awards have been established to broadly support undergraduate science and engineering education. Students will be matched to the scholarship award most appropriate for their area of study.

## Awards

Up to two undergraduate scholarship awards are available in amounts up to \$5000 annually. Awards are for one year only, but recipients may re-apply for a second year. All scholarship awards will be paid directly to the recipient and or school of choice according to agreement.

## Eligibility

1. Applicants must be full-time undergraduate students attending a 2 or 4-year accredited college or university.
2. Applicants must be majoring in a field of science or engineering, including life sciences or science education.
3. Applicants must have completed at least high school diploma by the time the award is received.
4. Applicants must be US citizens.

The TibsCorp Scholarship Awards are awarded without regard to race, sex, religion, age, national origin or sexual orientation. Minorities, underprivileged or at risk youths are welcome to apply. Tibscorp will not award scholarships to applicants who are not qualified and reserves the right not to award a scholarship in a given year.

## Selection Criteria

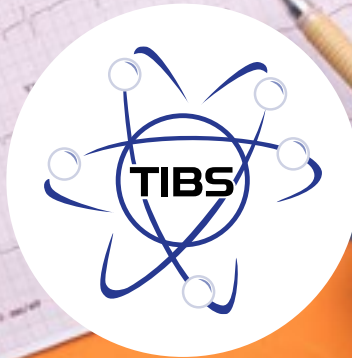
1. Demonstrated or expressed interest in Healthcare Technology and Engineering
2. Student essay
3. Letters of recommendation
4. Academic standing (minimum required cumulative GPA of 3.00)

## Application Requirements

To be considered for a Tibscorp Scholarship Award, applicants must complete an application and return it to TIBS by August 1st. The application must include:

1. A completed application form. Only completed application forms will be considered.
2. Two letters of recommendation with at least one from a teacher or school official at the college or high school level.
3. An official high school or college transcript for the last two years including GPA.
4. A one page (< 500 words) statement stating the applicant's qualifications and educational and career goals.

*All four of the above items must be submitted before the application will be considered.*



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## Submission of Application Form

The application form starting on page 3 is a fillable pdf file. Fill it out completely electronically, then "Save a Copy". Note that the application requires a signature. You may provide an electronic signature, or print out the completed application, sign it and either scan it as a pdf or mail in the printed application.

For the statement of qualifications and education and career goals, you may use the page included in this application form, or attach a separate page.

Completed application forms should be sent as a pdf file to [scholarship@tibscorp.com](mailto:scholarship@tibscorp.com). Please include applicant's last name as part of the file name.

Alternatively, completed printed applications may be mailed to:

The Tibscorp Scholarship Program  
Biomedical/ Clinical Technology  
2505 Browning Ave  
Benton, Arkansas 72015

## Submission of College Transcript

Your college registrar can mail an official transcript to:

The Tibscorp Scholarship Program  
Biomedical/ Clinical Technology  
2505 Browning Ave  
Benton, Arkansas 72015

If you are mailing other materials to that address, you may include the transcript in your package.

## Submission of Letters of Recommendation

Letters of recommendation should be sent as pdf files (with the name of the applicant as part of the file name) directly from the author to [scholarship@tibscorp.com](mailto:scholarship@tibscorp.com). Alternatively, letters can be mailed to the Tibscorp Scholarship Program at the mailing address above. The letter should indicate the capacity in which the letter writer knows the applicant, e.g. as a student, employee, or other capacity.

Questions about the application process may be directed to [scholarship@tibscorp.com](mailto:scholarship@tibscorp.com) or 866-499-3966. .

**A. General Information**

Applicant First Name \_\_\_\_\_ Last Name \_\_\_\_\_

E-mail address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

Address at School (if known) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

**B. Education Information**

School Applicant will attend next fall \_\_\_\_\_

Department and Major \_\_\_\_\_

Department Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

Check the class you will be in next fall                      Junior                      Senior

Expected Graduation Date \_\_\_\_\_

Degree Expected \_\_\_\_\_

What was your grade point average last semester (A=4.0)? \_\_\_\_\_

What is your cumulative grade point average (A=4.0)? \_\_\_\_\_

**Schools Previously Attended**

Name of High School, College, or University	Dates Attended	Degree Earned (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Current and Past School Activities and Honors:**

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**Community Activities and Honors:**

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**Optional: Hometown Newspaper - Name and Address**

(This information will be used to send an announcement of the award to your local newspaper)

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**C. Employment Information**

Please list your employment history, including dates, starting with your most recent job. Place an asterisk (\*) before any company where your involvement was in the physical sciences or engineering.

Company Name	Dates Employed	City, State
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## D. Application Statement

The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that false statements on this application will disqualify me from the scholarship.

I, (please print name) \_\_\_\_\_, give permission for any college or school to release to the TibsCorp Scholarship Program any information necessary to process my application to the Program.

Applicant's Signature \_\_\_\_\_ (Date)

## E. Summary

### TO COMPLETE THIS APPLICATION YOU MUST:

1. Send with this completed application a one-page (< 500 words) typed statement telling why you are applying for the scholarship, your qualifications, and your educational and career goals.
2. Send, or have sent, to the Tibscorp Scholarship Program a certified transcript.
3. Have two individuals complete the Recommendation Forms for the scholarship. At least one of these individuals should be a current teacher or school official. Be certain to remind your references to send these forms as soon as possible.

Send application materials in pdf format to [scholarship@tibscorp.com](mailto:scholarship@tibscorp.com). Alternatively, you can mail completed applications to

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Biomedical/ Clinical Technology  
2505 Browning Ave  
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Questions about the application process may be directed to [scholarship@tibscorp.com](mailto:scholarship@tibscorp.com) or 866-499-3966.

## Student Statement

Please describe why you are applying for the scholarship, your qualifications, and your educational and career goals. Please limit your statement to less than 500 words.