

MONTGOMERY COLLEGE BIOMEDICAL SCHOLARS PROGRAM APPLICATION

GENERAL INSTRUCTIONS

1. General Information

All students who wish to be considered for the **Biomedical Scholars Program** must submit this application. **Students must also submit an application for general admission to Montgomery College.** The application to the Biomedical Scholars Program may precede the general application to the college. **Applications for general admission** to the college may be obtained by contacting the Office of Admissions at 240-567-5039.

2. You are required to submit the following:

- A completed Biomedical Scholars Program application
- Official high school transcripts
- Two letters of recommendation from a high school science or math teacher, or guidance counselor (to be included with your application)
- Essay describing educational and career goals (see application)

It is strongly recommended that you submit first semester, senior year grades along with your application.

3. Financial Aid

Application for financial aid is a separate process in addition to application for the Biomedical Scholars Program and general admission to the college. Please contact the Financial Aid Office at 240-567-5100 for more information.

4. Application Calendar

April 30

Application deadline for Biomedical Scholars Program

May 15

Notification of acceptance to the Biomedical Scholars Program

May 30

Reply date for accepted Biomedical Scholars applicants to confirm their participation

Please mail completed Biomedical Scholars Applications to:

**Biomedical Scholars Program
c/o Montgomery College
Department of Biology
Rockville Campus
51 Mannakee Street
Rockville, Maryland 20850**

For more information about the Biomedical Scholars program contact:

Dr. Barbara Hoberman
Department of Biology
240-567-5121

Barbara.Hoberman@MontgomeryCollege.edu

Prof. Karen Penn de Martinez
Computer Applications Department
240-567-7661 (se habla español)

Karen.PenndeMartinez@MontgomeryCollege.edu

Visit our website at www.montgomerycollege.edu/biomedicalscholars

**MONTGOMERY COLLEGE
BIOMEDICAL SCHOLARS PROGRAM
APPLICATION**

PART I

1. NAME		
Last	First	Middle
2. HOME ADDRESS		
Street	Apt. #	
City	State	ZIP Code
3. HOME TELEPHONE :		4. E-MAIL ADDRESS:
5. DATE OF BIRTH :		6. SOCIAL SECURITY # :
7. RACE/ETHNICITY: (optional) <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian, Non-Pacific Islander <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian		
8. US CITIZENSHIP: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Have any of your family members attended a college or university?		
Father <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother <input type="checkbox"/> Yes <input type="checkbox"/> No	Brothers or sisters <input type="checkbox"/> Yes <input type="checkbox"/> No
10. HIGH SCHOOL INFORMATION : Current grade or Date graduated Name and address of current or last high school attended:		
11. Cumulative GPA : Weighted GPA:		
12. Highest Degree You Expect to Earn:		
<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters <input type="checkbox"/> Ph.D or Other Professional Degree

PART II

1. Please list any honors or awards that you have received starting with the ninth grade.

Honor or award	Grade(s)
_____	_____
_____	_____
_____	_____
_____	_____

2. Please list any extracurricular activities starting with the ninth grade.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. On a separate sheet of paper, please describe your career goals and tell why you are interested in the Biomedical Scholars Program at Montgomery College.

Signature

Date

Signature of parent (if student is under 18)

Date

MONTGOMERY COLLEGE
Biomedical Scholars Program

Teacher or counselor recommendation form

To the student: This recommendation is to be completed by a high school teacher or counselor and placed in a sealed envelope that is signed across the back flap. Please include this with your application to the Biomedical Scholars Program. You may duplicate this form for additional recommendations.

Student's name _____

Student's social security number _____

High School _____ -

To the teacher or counselor: Please provide insight into this student's academic abilities and personal character. Tell why this student might benefit from the Biomedical Scholars Program. Place this form in an envelope that you have sealed and signed across the back flap and return to the student. You may attach a separate sheet. Thank you for your time in completing this reference.

Your name

Your signature

Date

Position

High School