



## AIMS EDUCATION ACADEMIC EXCELLENCE SCHOLARSHIP PROGRAM

The AIMS EDUCATION ACADEMIC EXCELLENCE SCHOLARSHIP PROGRAM is designed to reward students that achieve exemplary academic standards at AIMS Education.

Please use the below check list to determine if you meet the minimum requirements to apply:

|                                   | Yes | No |
|-----------------------------------|-----|----|
| Minimum GPA of 3.5 or greater     |     |    |
| Attendance of 100%                |     |    |
| Current on Institutional Payments |     |    |

If you answered NO to any of the above mentioned criteria, please **DO NOT** proceed further. If you answered YES to all, then you qualify to apply for this scholarship program.

The AIMS EDUCATION ACADEMIC EXCELLENCE SCHOLARSHIP application package consists of the following-

- Student Information Form
- Hand Written Essay
- Instructor Recommendation Form
- Academic Administrator Recommendation Form

Qualifying applicants must complete and submit **ALL** of the above to the Finance Department. The submission can be made in person or via mail. Faxed, emailed or incomplete applications will not be accepted.

Applications are reviewed and recipients are selected by the AIMS Scholarship Committee. Recipients are notified of the awards within 30 days from the deadline for submission. Any documents submitted will not be returned to the applicant, irrespective of the outcome of review, and determination. **Only the students who are awarded the Academic Excellence Scholarship are notified.**



**ELIGIBILITY AND QUALIFICATIONS:**

**An applicant must-**

- Be a Legal Resident of U.S.A. - Both New Jersey residents and out-of state students are eligible.
- Have completed 450 Hours at AIMS Education.
- Maintain Satisfactory Academic Progress as determined by AIMS EDUCATION on a continuous basis during the period of enrollment (unless granted an approved leave of absence).
- Demonstrate exceptional academic merits and commitment to educational goals. Factors that will be considered are: attendance, grades, CGPA and SAP.
- Demonstrate strong character and a high level of integrity to succeed.
- **Apply for financial aid (if enrolled in a financial aid program) by completing and submitting the Free Application for Federal Student Aid (FAFSA). This is available online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). A student must complete all institutional forms and supporting documentation with the Office of Financial Aid.**
- Not be in default on any student loan, behind on institutional payment plan or owe a refund on any state or federal grant.

**DISCLAIMERS:**

The Board of Directors reserves the right to make final decisions related to all aspects of scholarships offered to students at AIMS Education.

Academic Excellence awards are competitive and are awarded for the academic year, based on available funding. No 'set of numbers' guarantees a scholarship. Only students who qualify for scholarships are notified.

**AIMS Education Scholarship Committee reviews the scholarship application package to select recipients for Academic Excellence Scholarship. Grant of award shall be subject to limits decided by Board of Directors including, but not restricted to, monetary limits and number of awardees.**



**STUDENT INFORMATION FORM**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Program Enrolled In: \_\_\_\_\_ Start Date: \_\_\_\_\_

Award year: \_\_\_\_\_ Grade Year: \_\_\_\_\_

*Parent/Guardian's Information (For Dependent Students Only)*

Parent/ Guardian Name ( Primary Contact) \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip code: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I wish to apply for Academic Excellence scholarship. I meet the minimum eligibility requirements, and declare that the information submitted is correct and complete to the best of my knowledge. I acknowledge that the submission of incorrect or incomplete information may result in non-award of or a cancellation of scholarship at any stage. I authorize AIMS Education to obtain further information if necessary with respect to my application.

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



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Medical  
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## **AIMS EDUCATION**

4500 New Brunswick Ave, Piscataway, NJ 08854

Phone: (908) 222-0002 Fax: (908) 450-6111

**WWW.AIMSEDCATION.EDU**

### **ESSAY**

Please describe how you came to the decision to pursue a higher education in the healthcare field and what strengths do you possess that will make you successful in this endeavor?

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

Essay Page 1 of 2



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

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### **INSTRUCTOR RECOMMENDATION FORM**

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

Recommended By: \_\_\_\_\_

Please describe the applicant's ability and motivation to follow through with his/her goal, and why do you believe he/she deserves the scholarship: \_\_\_\_\_

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What additional information do you wish the committee to be aware of in its consideration of this applicant? \_\_\_\_\_

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



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### **ACADEMIC ADMINISTRATOR RECOMMENDATION FORM**

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

Recommended By: \_\_\_\_\_

CGPA: \_\_\_\_\_

Attendance: \_\_\_\_\_

Please describe the applicant's ability and motivation to follow through with his/her goal, and why do you believe he/she deserves the scholarship: \_\_\_\_\_

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What additional information do you wish the committee to be aware of in its consideration of this applicant? \_\_\_\_\_

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



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Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

**For Office Use Only**

**Scholarship Committee Review and Comments**

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

Comments: \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

Comments: \_\_\_\_\_

CFO/ Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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**Scholarship Committee Decision**

Student Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Amount to be Awarded: \_\_\_\_\_ Grade Year: \_\_\_\_\_

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**Finance Department Actions**

Financial Aid Department- Records Updated and Posted by:

\_\_\_\_\_ Posted for Grade Year: \_\_\_\_\_

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





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