



Scholarship Application

for Family of BSC Employees

Complete this form and submit to the BSC Foundation:

Student Last Name First Name Middle Initial EMPL ID Number

Mailing Address City, State, Zip Telephone

E-mail Address Date of Birth

High School Attended City, State Year Graduated

BSC Employee Last Name First Name Middle Initial Telephone (home)

Mailing Address City, State, Zip

Local Newspaper Address/City/State/Zip

INSTRUCTIONS TO APPLICANT:

- An incomplete application will not be considered.
- Collaborative students must name BSC as their home campus in order to be eligible. Funds will not be issued to colleges/universities other than BSC.
- Scholarship awards will be applied toward tuition at BSC in the following amounts per semester: 3-5 credit hours \$100, 6-8 credit hours \$200, 9-11 credit hours \$300 and 12 credits hours and above \$500.
- All applications must be submitted to the BSC Foundation no later than March 1st to be considered for the Fall semester and no later than December 15th to be considered for the Spring semester.
- The BSC Foundation will acknowledge receipt of your application. If you do not receive notice of receipt, call the Foundation office at (701) 224-2486. The Foundation accepts no liability for applications lost in transit, for incomplete applications, or for applications that arrive after the deadline.
- **This application form applies ONLY to the BSC family scholarships.** If you want to be considered for any/all the other scholarships available through the Foundation you must complete the application form required for those awards.

AUTHORIZATION

I hereby certify that to the best of my knowledge the information on this application is true. My signature on this application authorizes BSC to release any academic and financial aid information to the BSC Foundation necessary for scholarship consideration. Any scholarship committee may use this information to determine eligibility for a scholarship. I hereby authorize dissemination of scholarship application and awards information as considered necessary and appropriate by BSC and the BSC Foundation.

Applicant's Signature

Date

Scholarship application for: _____ Fall semester _____ Spring semester

Course of study: _____ Degree being sought: _____

When did you begin taking classes at BSC? _____ Number of credit hours completed: _____

Number of credit hours enrolled for upcoming semester? _____

NOTE: In order to receive your scholarship award you must submit a thank you letter to the BSC Foundation.

Family Member Affirmation

Employee Name _____

Relationship of Applicant to Employee _____

Signature of Eligible Employee

EMPL ID#

Note: Family member is defined as spouse, child and/or domestic partner.

**RETURN TO:
BSC Foundation
P.O. Box 5587
1255 Schafer Street
Bismarck, ND 58506-5587**

FOR OFFICE USE ONLY

Received _____

Award amount _____

Award notification sent _____