



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? \_\_\_\_\_

North Dakota resident? \_\_\_\_ Yes \_\_\_\_ No

Is your employer paying for any part of the cost of your education? \_\_\_\_ Yes \_\_\_\_ No

If yes, what percentage is being paid for each semester? \_\_\_\_\_%

Please provide a brief biographical statement of yourself?

What are your educational and career goals?

Why do you need this scholarship to pursue your goals?

How will this scholarship help you?

**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 \_\_\_\_\_