



Healthcare Scholarship Program Renewable Application

Full Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Have you applied for a scholarship with us previously under another name? Yes No

If yes, what name(s) was it? _____

Are you a full-time or part-time student? _____ How many credits are you taking? _____ (A minimum of nine (9) credits are required) Expected date of graduation? _____ Semester applying for? _____

Name of program/degree _____

Provide a copy of transcripts (as soon as you receive them for the last semester you have received scholarship funding for) and submit a written statement of any changes from your original application. For any semester, a copy or computer printout of your transcripts is accepted. An official statement depicting the amount of your tuition and books must be submitted before fees can be remitted. The renewable application and required documentation must be submitted by May 15th for summer & fall renewals and October 1st for spring renewals.

Benefis Healthcare Employees:

Employee ID number _____ Department you currently work in _____

Work Phone _____

For current supervisor or manager: Is the employee in good standing? _____

Current Supervisor/Manager signature _____ Date _____

Omission of any of the above information may eliminate your reapplication from consideration.

Please mail application to:

Benefis Healthcare Foundation

Scholarship Program

PO Box 7008

Great Falls, MT 59406-7008

Or deliver to:

1101 26th St S, South Tower, Benefis Healthcare Foundation office, Great Falls, MT

APPLICATION DEADLINES ARE:

May 15th and October 1st