



## Smith & Van Orsdel Nursing Scholarship 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 15<sup>th</sup> 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 26<sup>th</sup> St S, South Tower, Benefis Healthcare Foundation office, Great Falls, MT

**APPLICATION DEADLINES ARE:**

**May 15<sup>th</sup> and October 1st**