



BLESSING-RIEMAN

College of Nursing & Health Sciences

Outside Scholarship Form 2022-2023

Last Name: _____ First Name: _____ MI: _____

Address: _____ City, State, Zip: _____

Email Address: _____ Phone: _____

INSTRUCTIONS: We are requesting the following information so that your scholarship may be reflected correctly on your financial aid package. You may need to provide additional information to the Office of Student Accounts and/or the Financial Aid Office. An outside scholarship is usually an award from a high school, private club, agency, corporation, organization, or tuition benefits from your parent(s)' employer.

Donor/Scholarship Information

Donor/Agency Name: _____

Scholarship Amount: \$ _____

Semester

Please check an option below indicating the intended semester for this scholarship.

☐ Fall 2022/Spring 2023 (split in half)

☐ Fall 2022 (Only)

☐ Spring 2023 (Only)

☐ Summer 2023 (Only)

Additional Notes: _____

Student Signature of Legal Name

Date