



***BLESSING-RIEMAN***

***College of Nursing & Health Sciences***

## **Outside Scholarship Form 2025-2026**

**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 2025/Spring 2026 (split in half)

☐ Fall 2025 (Only)

☐ Spring 2026 (Only)

☐ Summer 2026 (Only)

**Additional Notes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Student Signature of Legal Name**

\_\_\_\_\_  
**Date**