



**BLESSING-RIEMAN**

*College of Nursing & Health Sciences*

## Outside Scholarship Form 2026-2027

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 2026/Spring 2027 (split in half)

Fall 2026 (Only)

Spring 2027 (Only)

Summer 2027 (Only)

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

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

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

\_\_\_\_\_  
Date