



BCC Foundation Donna Johnson Memorial Scholarship Application

The BCC Foundation Donna Johnson Memorial Scholarship was established to provide scholarships to individuals who are interested in and committed to the field of oncology and pursuing a degree through a Bismarck College. Scholarships are also available to registered nurses pursuing a master's degree or oncology certification.

Annually two \$1000 scholarships will be awarded to qualified individuals.

Priority Application Deadline

Priority deadline is April 15, 2016. All application including a transcript and one recommendation must be submitted to the BCC Foundation by the priority deadline for top consideration. If submitting an application by mail, it must be addressed to:

Bismarck Cancer Center Foundation
Attn: Tara Schilke
500 N 8th St
Bismarck, ND 58501

Application Form

Bismarck Cancer Center Foundation will acknowledge the receipt of your application. If you do not receive an acknowledgement of receipt, call the Foundation office at 701.222.6100. The Foundation accepts no liability for applications lost in transit, for incomplete applications or for applications which arrive after the priority deadline. An incomplete application will not be considered. The BCC Foundation Donna Johnson Memorial Scholarship is awarded only for individuals who are or will be in attendance to colleges in Bismarck, ND.

High School Seniors

You must attach a copy of your transcript. The transcript need not be certified. Because of the early application deadline, we understand that your high school transcript will not include your current semester's grades.

College Students

You must enclose a copy of your most recent transcript.

Registered Nurses

You must enclose a copy of your current license.



BCC Foundation
Donna Johnson Memorial Scholarship
Application
Priority Deadline is April 15

Personal Information

<hr/>	<hr/>	<hr/>	<hr/>
Last Name	First Name	Middle Initial	Date of Birth

<hr/>	<hr/>	<hr/>	<hr/>
Mailing Address (through May)	Street	City/State	Zip
			Telephone (through May)

<hr/>	<hr/>	<hr/>	<hr/>
Mailing Address (June-August)	Street	City/State	Zip
			Telephone (June-August)

Email Address

<hr/>	<hr/>	<hr/>	<hr/>
Name of Local/Hometown Newspaper	Street/PO Box	City/State	Zip

Parent/Legal Guardian

<hr/>	<hr/>	<hr/>
Street/PO Box	City/State	Zip

Activities

Write "HS" in front of your high school activities and "C" in front of your college activities:

General	Music	Clubs	Athletics
<input type="checkbox"/> Student Council	<input type="checkbox"/> Band	<input type="checkbox"/> 4-H	<input type="checkbox"/> Basketball
<input type="checkbox"/> Class Officer	<input type="checkbox"/> Choir	<input type="checkbox"/> FFA	<input type="checkbox"/> Football
<input type="checkbox"/> School Paper	<input type="checkbox"/> Orchestra	<input type="checkbox"/> Science	<input type="checkbox"/> Track
<input type="checkbox"/> Yearbook	<input type="checkbox"/> Solo	<input type="checkbox"/> Computer	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Dramatics	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Debate	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Swimming
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Soccer
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Attach additional page(s) if necessary.

List any honors or awards you have received:

List your community involvement:

If working, number of hours you are working per week? And where? _____

Do you qualify for financial need based assistance? _____ Yes _____ No

Academic Information

Are you currently attending a Bismarck College? _____ Yes _____ No

If yes, what institution _____ GPA based on a 4.0 Scale: _____

If no, what institution will you be attending this fall? _____

What is your attended course of study? _____

In accordance with federal guidelines, are you: _____ U.S. Citizen
_____ National, Refugee Alien or Permanent Resident Alien
_____ Other

This section to be completed by entering freshmen

High School Education

High School Attended: _____
Name City State

Year of Graduation: _____ Class Rank: _____ GPA based on a 4.0 Scale: _____

What Bismarck College have you applied for admissions to? _____

This section to be completed by Registered Nurse enrolling in Masters program or Oncology Certification

College Degree

College Attending: _____
Name City State

Year of Graduation: _____ GPA based on a 4.0 Scale: _____

What Bismarck College have you applied for admissions to? _____

Oncology or related jobs held: (place, dates and length of employment) _____

This section to be completed by all scholarship applicants

Authorization

I hereby certify that to the best of my knowledge the information on this application is true. My signature on this application authorizes BCC Foundation dissemination of scholarship application and awards information as considered necessary and appropriate by BCC and the BCC Foundation.

Signature of Applicant

Date



***BCC Foundation
Donna Johnson Memorial Scholarship
Recommendation
Priority Deadline is April 15***

This portion to be complete by applicant:

Name of Applicant: _____
Last First Middle Initial

Write an essay on why you want to become an Oncology professional and what it means to you or why you went into Oncology field:

Signature

Date



***BCC Foundation
Donna Johnson Memorial Scholarship
Recommendation
Priority Deadline is April 15***

This portion to be complete by applicant:

Name of Applicant: _____
Last First Middle Initial

The BCC Foundation Donna Johnson Memorial Scholarship provides scholarships to individuals who are interested in and committed to the oncology profession.

This portion to be complete by individual making recommendation:

Please describe in detail your knowledge of this student's responsibilities as well as their school involvement. Your knowledge of this student will assist the Scholarship Committee in considering his/her application. Please describe in detail why you recommend this student. You may attach a separate sheet but your signature is required at the bottom of this page.

Print Your Name

Signature

Title/Occupation

Date

Address

Telephone

City, State, Zip

If the recommendation is being mailed separately from the application, please return to:

Bismarck Cancer Center Foundation
Attn: Tara Schilke
500 N 8th St
Bismarck, ND 58501
701.222.6100