



## **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**

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Date of Birth

\_\_\_\_\_  
Mailing Address (through May) Street                      City/State                      Zip                      Telephone (through May)

\_\_\_\_\_  
Mailing Address (June-August) Street                      City/State                      Zip                      Telephone (June-August)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name of Local/Hometown Newspaper                      Street/PO Box                      City/State                      Zip

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Street/PO Box                      City/State                      Zip

**Activities**

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

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

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 feild:

\_\_\_\_\_  
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