



## ***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 27, 2018**. All applications **must include a copy of your transcript, one letter of recommendation**, and must be submitted to the BCC Foundation by the priority deadline for top consideration.

If submitting an application by mail, address it to:

Bismarck Cancer Center Foundation  
Attn: Dana Hager  
500 N 8th St  
Bismarck, ND 58501

### ***Application Form***

The Bismarck Cancer Center Foundation will acknowledge the receipt of your application. If you do not receive an acknowledgement of receipt, please call the Foundation office at 701.222.6145. The Foundation accepts no liability for applications lost in transit, incomplete applications, or 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. Due to 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 27, 2018**

**Personal Information**

Last Name	First Name	Middle Initial	Date of Birth
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Mailing Address (through May)	Street	City/State	Zip	Telephone (through May)
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Mailing Address (June - August)	Street	City/State	Zip	Telephone (June - August)
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Email Address

Name of Local/Hometown Newspaper	Street/PO Box	City/State	Zip
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Parent/Legal Guardian

Street/PO Box	City/State	Zip
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**Activities**

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

**General**

**Music**

**Clubs**

**Athletics**

- \_\_\_ Student Council
- \_\_\_ Class Officer
- \_\_\_ School Paper
- \_\_\_ Yearbook
- \_\_\_ Dramatics
- \_\_\_ Debate
- \_\_\_ \_\_\_\_\_
- \_\_\_ \_\_\_\_\_

- \_\_\_ Band
- \_\_\_ Choir
- \_\_\_ Orchestra
- \_\_\_ Solo
- \_\_\_ \_\_\_\_\_
- \_\_\_ \_\_\_\_\_
- \_\_\_ \_\_\_\_\_

- \_\_\_ 4-H
- \_\_\_ FFA
- \_\_\_ Science
- \_\_\_ Computer
- \_\_\_ \_\_\_\_\_
- \_\_\_ \_\_\_\_\_
- \_\_\_ \_\_\_\_\_

- \_\_\_ Basketball
- \_\_\_ Football
- \_\_\_ Track
- \_\_\_ Wrestling
- \_\_\_ Volleyball
- \_\_\_ 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 intended 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 incoming 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 27, 2018***

**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 27, 2018**

**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, their school involvement, and why you recommend this student. Your knowledge of this student will assist the Scholarship Committee in considering his/her application. You may attach a separate sheet but your signature is required at the bottom of this page.

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Title/Occupation

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

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

Bismarck Cancer Center Foundation  
Attn: Dana Hager

500 N 8th St  
Bismarck, ND 58501  
701.222.6145