



Benefis Health System Foundation Scholarship Program - Renewal Application

Full Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Have you applied for a scholarship with us previously under another name? _____ Yes _____ No

If yes, what name(s) was it? _____

How many credits are you taking? _____ Qtr / Sem *A minimum of nine (9) credits per semester are required*

Expected date of graduation? _____ Semester(s) applying for? _____

Name of program/degree _____

Provide a copy of transcripts (as soon as you receive them for the last semester you have received scholarship funding for) and submit a written statement of any changes from your original application. For any semester, a copy or computer printout of your transcripts is accepted. An official statement depicting the amount of your tuition and books must be submitted before fees can be remitted. **This application and required documentation must be submitted by June 1 for both fall and spring renewals.**

Benefis Health System Employees:

Employee ID number _____ Department you currently work in _____

Work Phone _____

For current supervisor or manager: Is the employee in good standing? _____

Current Supervisor/Manager signature _____ Date _____

Omission of any of the above information may eliminate your renewal application from consideration.

Please mail application to:
Benefis Health System Foundation
Healthcare Scholarship Program
PO Box 7008
Great Falls, MT 59406-7008

Or deliver to:
1200 25th St S, Benefis Health System Foundation office, Great Falls, MT

APPLICATION DEADLINE:
Must be received or postmarked by June 1st at 4:30 pm for fall and spring semesters