

Health Profession Scholarship Program Application



The BCBSND Caring Foundation Health Profession Scholarship Program is available to North Dakota residents currently attending a North Dakota university, college or technical college who are enrolled in a nursing or health care related program. They must be a full-time undergraduate or graduate student, and must have already completed their undergraduate freshman year of college. Applicants must also be in good academic standing; maintaining a cumulative GPA of 3.25 or higher, and demonstrate financial need.

This fall, sixteen \$2,500 scholarships will be awarded to nursing students and ten \$2,500 scholarships will be awarded to non-nursing health care related fields.

Applicants should provide their answers to the questions in the space provided below. This application along with a copy of your most recent transcript must be submitted by October 1, 2018 to BCBSND Caring Foundation via email at caringfoundation@bcbsnd.com.

If you have any questions, we'd be happy to answer them. Email us at caringfoundation@bcbsnd.com.

Name:		Phone:	
Email:		Birthdate:	
Current Address:			
City:		State:	Zip:
Permanent Address (if different than above):			
City:		State:	Zip:
Are you an employee of Blue Cross Blue Shield of North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered yes, you are ineligible to apply for this scholarship).			
Name and location of college/university currently attending:		Student ID number:	
I am currently a full time student: <input type="checkbox"/> Yes <input type="checkbox"/> No			
I am currently enrolled as a: <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student			
Major:			
I am applying for a (Choose one): <input type="checkbox"/> Nursing Scholarship <input type="checkbox"/> Non-nursing Scholarship			
If you selected nursing scholarship, which nursing degree are you currently pursuing?: <input type="checkbox"/> LPN <input type="checkbox"/> RN, Associate <input type="checkbox"/> RN, BSN <input type="checkbox"/> RN, MSN <input type="checkbox"/> DNP			
Cumulative GPA:		Anticipated Graduation Date:	
Advisor's Name:	Advisor's Phone Number:	Advisor's Email:	
Current Employment (if not applicable please put N/A):			
City:			
Position:		Hours/week:	

Reference (List the name and contact information for one professional or academic reference):

Reference Name:

Reference Title:

Reference Email:

Reference Phone Number:

1. Explain why you chose nursing or a health care profession as a career.

2. Explain the importance of your chosen career field in today's society.

3. List any scholastic honors or awards you have received in relation to your major.

4. Describe your experience in the field – such as volunteer work or internships - and what you have gained from this involvement.

5. What community service or extracurricular activities (not pertaining to your academic major) are you currently involved in?

6. Describe how you have demonstrated leadership ability both in and out of school.

7. Describe a special attribute or accomplishment that sets you apart from others.

8. What are your goals upon graduation?

9. After graduation where do you intend to work and why, regarding geographic area and practice-type?

10. What type of setting do you desire to work in (hospital, clinic, specializations, etc.)?

11. Why are you a good candidate to receive this award?

12. From a financial standpoint, what impact would this scholarship have on your education?

13. What would it mean to you to receive this scholarship?