



Office of Student Financial Aid  
 8550 Magellan Parkway, Suite 1100 | Richmond, VA | 23227  
 804-627-5350 | Fax: 804-627-5441  
 E-mail: [bsr-confinancial@bshsi.org](mailto:bsr-confinancial@bshsi.org)

## Outside Scholarship Form

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Student ID: \_\_\_\_\_ Email: \_\_\_\_\_

Outside scholarships are any scholarships a student receives that do not come directly from Bon Secours Memorial College of Nursing. Students are required to report all outside scholarships to the Office of Financial Aid, even if the scholarship is paid directly to the student. Outside scholarship funds may affect other aid that you have already been offered by the College. The earlier you can provide this information to us, the more quickly we can make necessary adjustments. Delays may cause a late revision to your aid and therefore could cause you to owe a balance to the College.

I have been awarded/expect to receive the following outside scholarship to be applied for the \_\_\_\_\_ semester (Fall/ Spring/Summer) of the \_\_\_\_\_ academic year.

Name of Scholarship	Awarding Organization	Amounts:	Renewable?
Example: Outstanding Young Person of the Year	Example: High School PTA	Example: \$1,000	Yes or No

Are funds designed to pay toward the cost of tuition and fees only? Yes or no: \_\_\_\_\_

If yes, should any credit balance created by the scholarship be returned to the awarding organization, or can it be refunded to the student according to scholarship regulations? \_\_\_\_\_

**I attest that this information is accurate to the best of my knowledge. Should any information change, I will notify the Office of Financial Aid.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All scholarship checks should be mailed to the Bursar:**

Bon Secours Memorial College of Nursing  
 Office of the Bursar  
 8550 Magellan Parkway, Suite 1100  
 Richmond, VA 23227

\*Make sure student ID number is included. Submit this completed form to the Financial Aid Office.