

Outside Scholarship Form

Student Last Name: _____ First Name: _____
 Student ID: _____ Email: _____

Indicate the institution you attend:

Bon Secours Memorial College of Nursing (BSMCON)

Bon Secours St. Mary’s Hospital School of Medical Imaging (SOMI)

Southside College of Health Sciences (SCHS)

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.