COLLEGE OF PHARMACY, NURSING & ALLIED SCIENCES
NORTH DAKOTA STATE UNIVERSITY
Student Scholarship Support 2010-11

Please Select: ❑ Pharmacy Scholarship ❑ Nursing Scholarship ❑ Allied Sciences Scholarship
(Clinical Laboratory Science, Radiologic Sciences, Respiratory Care)

_____

I/We will:

❑ Provide a scholarship to be named _____

In the amount of: ❑ $1,000 (minimum) ❑ $2,000 ❑ Other $_____.

❑ Contribute to the Deans Scholarship Fund in the amount of $_____ (amounts less than $1,000 will automatically be placed in the Deans Scholarship Fund).

❑ Our preference for awarding the scholarship dollars is as follows (scholarship, merit and need are among the most commonly chosen criteria):

1. _____

2. _____

The College faculty scholarship committee will determine how to best award the scholarship(s) using the above criteria listed.

Please send a photo or logo that best describes your scholarship. We will use your photo or logo while announcing our scholarship award(s) at the Recognition Program.

Comments:_____

_____

❑ Charge to credit card	Card Type: ❑ MC ❑ VISA ❑ DISCOVER
❑ Check enclosed payable to NDSU Development Foundation	Card #:
❑ Please send invoice	Expiration Date: Phone #:
	Card Holder Name:
	Address:

Contact Person: _____ Title: _____

Address:_____
Street City State Zip code

Phone #: _____Fax #: _____

E-mail Address:_____ Date:_____

Please mail this form with check made payable to: **NDSU Development Foundation**
by **Thursday, May 15** or fax it with your credit card information to Sara Wald at 701-231-7606.

Contact Sara Wald, Director of Advancement, at 701-231-6461 or Sara.Wald@ndsu.edu with questions.
NDSU College of Pharmacy, Nursing, and Allied Sciences ◆ Dept 2650 ◆ PO Box 6050 ◆ Fargo, ND 58108-6050

The students appreciate your support!