

Student Scholarship Support

Please Select: ☐ Pharmacy Scholarship ☐ Nursing Scholarship ☐ Allied Sciences Scholarship ☐ Public Health Scholarship

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: _____

Payment Options:

☐ Credit Card

☐ Check enclosed payable to
NDSU DEVELOPMENT FOUNDATION

☐ Please send invoice

<input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER	Card #:
	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**
Email or fax it with your credit card information to Amy Ruley at 701-231-7606.

Contact Amy Ruley, Senior Director of Development, at 701-231-6461 or amy.ruley@ndsu.edu with questions.
NDSU College of Health Professions ♦ Dept 2650 ♦ PO Box 6050 ♦ Fargo, ND 58108-6050

The students appreciate your support!