

Health Profession Scholarship Program Application



The Blue Cross Blue Shield of North Dakota (BCBSND) Caring Foundation Health Profession Scholarship Program is available to North Dakota residents currently attending a North Dakota university, college or technical college and 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, maintain a cumulative GPA of 3.25 or higher and demonstrate financial need.

This fall, 30 \$2,500 scholarships will be awarded to applicants in the nursing and 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 unofficial transcript, must be submitted by Oct. 1, 2025, 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.

Applicant Information		
Name	Phone	
Email	Date of Birth	
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)		
Education Information		
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		
If you're studying nursing, what type of degree are you working toward? <input type="checkbox"/> LPN <input type="checkbox"/> RN, Associate <input type="checkbox"/> RN, BSN <input type="checkbox"/> RN, MSN <input type="checkbox"/> DNP <input type="checkbox"/> N/A		
Cumulative GPA (if currently a grad student please put N/A)	Anticipated Graduation Date	
Advisor or Faculty Reference	Advisor or Faculty Phone Number	Advisor or Faculty Email

Employment Information	
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. After graduation where do you intend to work and why, regarding geographic area and practice-type? What type of setting do you desire to work in (hospital, clinic, specializations, etc.)?

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

10. Please describe your current financial situation and how receiving this scholarship would impact your educational journey.