



NDSCS Wildcat Dependent Scholarship Application

Full Name _____

Home Address _____

College Address _____

Home Phone Number (____) _____ Cell Number (____) _____

Email Address _____

Academic Program _____

****Attached is:**

****Proof of Registration**

_____ Name of Campus Employee that you are related to

_____ Relationship to Employee

_____ Position of Campus Employee

Signature of applicant

Date

Please return application and proof of registration, in person or by e-mail, no later than August 1st to the NDSCS Alumni Foundation Executive Director. In the Sterns Cultural Center or email-ndscs.alumni@ndscs.edu

