



BOSTWICK SCHOLARSHIP NDCC STAFF VERIFICATION FORM

The scholarship applicant will forward this form to a current NDCC staff member and request they complete the form for their 2018 Bostwick Scholarship Application. The staff member will submit the form directly to a NDCC Director of Programs by the advertised deadline. All information provided will be treated confidentially by the Anne Bostwick Memorial Scholarship Committee.

SCHOLARSHIP APPLICANT INFORMATION

Applicant Name: _____ **Date:** _____

Signature Women's Programs Completed: _____ **Graduation Date:** _____

_____ 16day 10day 21day Other _____

_____ 16day 10day 21day Other _____

_____ 16day 10day 21day Other _____

Please provide a summary of the other NDCC programs or services the applicant has participated in, including the name of the program or service as well as the completion date or timeframe of the services.

Program and Service Names: _____ **Dates:** _____

Comments about the applicant's participation in NDCC services:

Printed Staff Name **Title**

Staff Signature