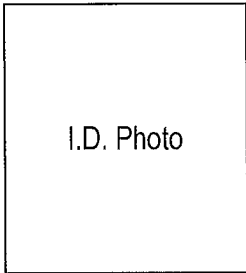


**MISSIONARY BENEDICTINE SISTERS' FOUNDATION**  
**Scholarship Application Form 2025-2026**  
**Please Print**



**Applicant's Data:**

Name \_\_\_\_\_  
(First) (Middle Initial) (Last)

Complete mailing address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

**Educational Background and Future Plans**

Highest level of education \_\_\_\_\_

Undergraduate School name and address \_\_\_\_\_  
\_\_\_\_\_

Graduation Date (Month & Year) \_\_\_\_\_

Cumulative grade point average (GPA) \_\_\_\_\_

Intended field of study \_\_\_\_\_ Degree level \_\_\_\_\_

Estimated number of years to accomplish the studies \_\_\_\_\_

Specify the year and semester in which you wish to enroll \_\_\_\_\_

Itemized expenses for one year:

The scholarship would normally cover the cost of tuition, other school fees and books. If approved, the scholarship might cover housing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Significant extracurricular activities and community services:

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Have you been employed during your weekends and/or summers. Where and how long/ What has this experience meant for you?

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**Application checklist:**

1. A cover letter addressed to the Missionary Benedictine Sisters Scholarship Selection Committee, introducing yourself and providing a statement of your educational goals and why this is your field of choice.
2. A resume to include information about your academic accomplishments, your leadership, citizenship and service to your school and community.
3. Completion of this application form
4. The most recent transcript of your academic records.
5. One letter of recommendation written by a faculty member. Should you know someone who can share ways in which you have reached out to serve your community, we recommend a letter from that individual as well.

**Verification:**

I certify that the information I have provided in this application is complete and accurate to the best of my knowledge. (Note: Falsification of information will result in termination of any scholarship granted.)

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The scholarship is reviewed annually. It can be revoked at any time for the following reasons:

1. Inappropriate, scandalous behavior
2. Inability to succeed
3. Dismissal from the institution of learning

**Scholarship:** Ten \$2,000 scholarships are awarded annually. If the recipients maintain a GPA of 2.5 and remain in their course of study in the fields of healthcare or education, they may apply to renew the scholarship each year until the degree is achieved. The recipient will receive a Scholarship Reapplication in January of each academic year.

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Applications are to be postmarked no later than April 1, 2025, and sent to:  
Missionary Benedictine Sisters Scholarship Selection Committee  
Missionary Benedictine Sisters' Foundation  
Immaculata Monastery  
300 North 18 Street  
Norfolk, NE 68701

Questions can be emailed to: [MBSscholars@gmail.com](mailto:MBSscholars@gmail.com)

Notification of the scholarship awardees will be made known by May 1, 2025.

Revised date 11/20/2024