



**University of Mary  
Business Partnership  
Scholarship Application**

The University of Mary will grant a 10% tuition discount through scholarships to students employed with a ND County Social Service Office.

- The tuition scholarship will only be valid from the date of the Business Partnership Agreement. The scholarship is not retroactive.
- Applies to Master of Science in Counseling (Bismarck or Fargo), Bachelor of Science in Psychology (online), or Bachelor of Science in Criminal Justice (online) through University of Mary.
- The student will be billed the full rate of tuition and a scholarship will be issued to reflect the appropriate tuition reduction per the Business Partnership Agreement.
- The student will be responsible for all remaining tuition, fees, books and supplies and agrees to make payment within the guidelines of the University of Mary.
- Students who are enrolled at eligible sites may apply for federal financial aid by completing the FAFSA (Free Application for Federal Student Aid) at [www.fafsa.gov](http://www.fafsa.gov). Student must be fully accepted into the University of Mary as a degree-seeking student to qualify for federal financial aid.
- The student agrees to provide proof of employment as required by the University each academic year. *Proof of employment includes completing 1 of the following items in order to complete the scholarship application:*
  - An email to Jeanette Schaeffer from your business email address requesting the scholarship OR
  - A copy of your employment badge OR
  - An email to Jeanette Schaeffer from your supervisor or HR representative verifying your employment

This scholarship application and proof of employment items must be completed and signed by the enrolling Business Partner employee and returned to:

University of Mary  
Attn: Jeanette Schaeffer  
7500 University Drive  
Bismarck, ND 58504  
Email: [jgschae@umary.edu](mailto:jgschae@umary.edu)  
Fax: (701) 255-7687

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**In order for your application to be complete, please fill out this form and 1 of the defined proof of employment items listed above and return to the address listed above. Thank you!**

**Student Name:** \_\_\_\_\_

**(PLEASE PRINT)**

**City/State/Zip:** \_\_\_\_\_

**Student ID # - or - last 4 digits of SSN:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Program of Study:** \_\_\_\_\_

**Anticipated Enrollment Start Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_