

Name of High School Principal _____

Name of post- secondary School for which applicants' scholarship is requested _____

4 yr College/University _____

Community College _____

Accredited? Yes _____

Vo Tech _____ Other _____ No _____

College Address _____

Street

City

State

Zip Code

Student will _____ Live on campus _____ Live off campus _____ Commute

Enrolled _____ Less than half time _____ Half time or more _____ Full time

Anticipated date of graduation from post-secondary program: Month _____ Year _____

Major field of study applicant plans to pursue _____

The Scholarship funds of \$500.00, will be given to the student chosen by the Dunn County Cruisers Car Club after the first semester is completed and a transcript of his/her college grades are submitted.

Please submit the transcript with your return address to DC Cruisers Treasurer:

Candi Pavlicek
302 1st Ave NW
Dunn Center, ND 58626
701-548-8409

THIS SCHOLARSHIP IS DUE BY MAY 1ST.

Please submit your completed scholarship to the address above.

For questions please contact DC Cruisers Car Club officers:

Candi Pavlicek Treasurer 701-548-8409
Anita Mjolhus President 701-260-9620
Cherri Lynch Secretary 701-548-8027

APPLICANT APPRAISAL

To be filled out by a high school or college counselor or advisor, a member of the clergy, an instructor, a professional person or a supervisor. You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete please return to applicant.

The applicant's choice of a post-secondary education program is:

Extremely appropriate Very appropriate Moderately appropriate Inappropriate

The applicant's achievements reflect his/her ability:

Extremely well Very well Moderately well Not well

The applicant's ability to set realistic and attainable goals:

Excellent Good Fair Poor

The quality of the applicant's commitment to school and community is:

Excellent Good Fair Poor

I know the applicant:

Extremely well Very well Moderately well Not well

Comments: _____

Appraiser's signature: _____ Date _____

Title _____ Phone # _____

Appraiser's address _____ City _____ State _____ Zip code _____

TRANSCRIPT INFORMATION

This is to be completed by your high school principal or counselor

Applicant ranks _____ in a class of _____ Cumulative grade point average _____ / 4.0 scale

Composite ACT score _____

Has the applicant ever been ineligible for violation of the High School Activities Association Code, or KHS code of conduct in grades 9-12? _____ No If yes explain _____

School Official's signature _____ Date _____

Title _____ Telephone number _____

School's address _____ City _____ State _____ Zip code _____

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of the scholarship grant.

APPLICANT'S SIGNATURE _____ DATE _____

PERSONAL DATA:

Describe your work experience during the last 4 years. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

Position	Date from	Date to m/y	Hrs per week	Amt Earned

List all school activities you have participated in during the past 4 yrs. (e.g. student government, music, sports, etc) List all community activities in which you have participated without pay during the past 4 yrs. (e.g. Red Cross, church work, volunteer work etc.) Indicate all special awards and honors.

Activity	No. of Years	Special Awards, Honors	Activity	No of Years	Special Awards, Honors

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please report any unusual family or personal circumstances you feel warrant attention.
