

ROLETTE COMMUNITY SCHOLARSHIP APPLICATION

Name: _____

First

Last

Permanent Address: _____ (St. or Box Number)

_____ (City, State, Zip)

Date of Birth: _____ **Is your Health good?** _____

If you have any physical handicaps, briefly explain: _____

When do you plan to enter college: _____

List honors, prizes, scholarships, or any other recognitions that you have received in high school. Also indicate any special talents or skills you have in a particular field. Indicate any participation in church and /Or community work.

Name of parent of guardian: _____

Father's occupation: _____ **Mother's occupation:** _____

Number of older siblings: _____ **Younger siblings:** _____

What is your first college choice: _____ Second _____

What will be your major field of study in college? For example, Pre-Med,
Education, Technical Programs, etc. _____

****NOTE:** To qualify for this scholarship, you must enroll in a North Dakota college.

MOST SCHOLARSHIPS ARE AVAILABLE ON THE BASIS OF NEED. IF YOU PREFER NOT TO ANSWER QUESTIONS RELATING TO THE INCOME OF PARENTS AND YOUR PERSONAL FINANCIAL RESOURCES, THEY MAY BE OMITTED. HOWEVER, SUCH SCHOLARSHIPS CANNOT BE AWARDED TO YOU.

Annual adjusted gross income of parents or guardian: \$ _____

How many children are dependent upon your parents or guardian for support? _____

How many siblings are now attending college or trade school? _____

How much financial aid (in dollars) do you expect to receive from your parents or guardian during the next year? Explain fully.

Explain any employment you have had during the past year and indicate how much you have earned: _____

Estimate the amount of money you will need to begin college. \$ _____

Indicate the approximate total amount of money you will have available from all sources including grants, scholarships, gifts, etc. for your first year of college: \$ _____

Is there any person partially or wholly dependent upon you for support?

If so, how are they related to you and to what extent are they dependent?

Make any further statement which you feel will provide information of value to the Scholarship Committee in considering your application. Also state any extenuating circumstances affecting your parent's or guardian's income.

The Scholarship Selection Committee reserves the right to withdraw financial assistance in the event the recipient's financial status changes or the recipient fails to do creditable work. Creditable work is defined as a "C" average.

Please ask two people to write a letter of recommendation and attach them to this application.

Attach a high school transcript to this application.

The above statements are correct and true to the best of my knowledge.

Date: _____ Signature of the applicant: _____

****NOTE:** You will receive this scholarship during your second semester of college.

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TO BE FILLED OUT BY THE HIGH SCHOOL PRINCIPAL OR COUNSELOR
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Class rank: _____ Number of students in graduating class: _____

Cumulative GPA: _____

Signature of principal or counselor: _____ date: _____

Please return this application to your counselor by:—