Lac qui Parle Valley Dollars for SCHOLARS

SCHOLARSHIP APPLICATION

NAME_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

NAME OF SCHOLARSHIP_____

LIST ALL CLASSES TAKEN IN AREA OF APPLICATION

*(*Use another page if necessary)*

Course Title	Year (9-12)	Credits	Grade	Grade Points
TOTAL				

OFFICE USE ONLY
(Students: do not write in this section)

Academic Rank Points:

_____

Grade Points:_____

Credits: _____

Activity Points:_____

Bonus/Other:_____

Grand TOTAL:_____

1. NUMBER OF TOTAL POINTS FROM ATTACHED ACTIVITY SHEET THAT RELATE TO THE SCHOLARSHIP BEING APPLIED FOR:_____

2. LIST ALL SPECIAL ACCOMPLISHMENTS AND/OR AWARDS YOU HAVE RECEIVED AS THEY RELATE TO THE SCHOLARSHIP BEING APPLIED FOR:

_____

_____

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 any scholarship granted.

Applicant Signature_____Date_____

DUE – FRIDAY, APRIL 16, 2010 - 3:00 P.M. in the Principal's Office (Priscilla)

Make a statement of your plans as they relate to your educational and career objectives and future goals. **NOTE:** 50-100 words.

Enter statement here

DUE – Friday, April 16, 2010 – 3:00 p.m.

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Lac qui Parle Valley High School • 2680 291st Avenue • Madison, MN 56256 • 320-752-4800