

Name of Scholarship \_\_\_\_\_

## Prairie Hills Scholastic Banquet Scholarship Application Form

To the Applicant:

By completing the information required in this application, you will enable us to determine your eligibility to receive funds provided specifically to help students planning to go on to higher education and who otherwise satisfy evaluation criteria.

you must complete sections of this application at your earliest convenience and forward it to the persons you have selected to complete the appraisal. You are encouraged to select a teacher, principal or counselor. If this procedure is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any item, you may attach additional information. Please indicate the appropriate section.

You are responsible for seeing that all supporting documents are submitted. We reserve the right to process only applications found to be complete as of the application postmark deadline\*.

REMEMBER: This application becomes valid only when the following have been submitted:

1. Student Application.
2. Applicant Appraisal.
3. Applicant Signature.
4. High School transcript of courses completed.

### APPLICANT DATA

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Permanent Address (P.O. Box/Street) (City) (State) (Zip)

\_\_\_\_\_  
Date of Birth (Month, Day, Year)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of Parent/Guardian

### \*Application Deadline:

**Must be postmarked or received by BHG, Inc., P.O. Box 309, Garrison, ND 58540  
by Wednesday, March 31, 2010.**

Check with your school counselor to see if a mailing will be made prior to the deadline. Or drop off your application at BHG/McLean County Independent on Main Street in Garrison by 6 p.m. Wednesday, March 31, 2010

PLEASE PRINT OR TYPE

**APPLICANT DATA**

Mr.  \_\_\_\_\_  
Ms.  Name (last) (first) (middle initial) Social Security Number

Permanent Address (street) (city) (state) (zip code)

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Date of Birth (month/day/year) Telephone Number

Name of parent/guardian \_\_\_\_\_

Permanent mailing address of parent/  
guardian if different from applicant  
\_\_\_\_\_ (street) (city) (state) (zip code)  
\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

APPLICATION

**SCHOOL DATA**

High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_ Mo \_\_\_\_ Yr \_\_\_\_

Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(street) (city) (state) (zip) Telephone Number

Name of High School principal \_\_\_\_\_

Name of post-secondary school for which applicant's scholarship is requested  
\_\_\_\_\_

Address \_\_\_\_\_ (city) (state) (zip code)

Major field of study applicant plans to pursue \_\_\_\_\_

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

## APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school principal, teacher, employer, minister, or a community leader.

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 this form to the applicant, or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a post secondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> appropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments \_\_\_\_\_

\_\_\_\_\_

Appraiser's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Appraiser's Business Address (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_

## TRANSCRIPT INFORMATION

High school seniors and students who have completed less than one full semester of post-secondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative grade point average \_\_\_\_\_/4.0 scale.

PSAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ SAT Verbal \_\_\_\_\_ Math \_\_\_\_\_

ACT Percentiles English \_\_\_\_\_ Math \_\_\_\_\_

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

School Address (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_

## APPLICATION CHECKLIST

This application for student aid becomes complete and valid only when you have returned the following materials. (Two first class stamps are required for mailing.)

- Application
- Current Transcript of Grades

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's Signature \_\_\_\_\_

Date \_\_\_\_\_

## PERSONAL DATA

Describe your work experience during the **past 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 (mo/yr)	Date To (mo/yr)	Hours per Week	Amount Earned

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

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

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

---



---



---

## OTHER AWARDS

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending