



Norman & Bill Erickson "Uffda" Scholarship

Background

Established by a family member to honor the memories of brothers Norman and Bill Erickson

Eligibility Requirements

Must be a senior graduating from Wolford Public School

The intent is to award one scholarship of \$1,000

Return Complete Application by April 1 to

Wolford Dollars for Scholars
401 3rd Ave SW
Wolford, ND 58385

Name of student:_____

E-mail:_____ **Phone Number:**_____

Mailing Address:_____ **State:**_____ **Zip:**_____

Parent/Guardian (1):_____

E-mail:_____ Phone Number:_____

Mailing Address:_____ State:_____ Zip:_____

Parent/Guardian (2):_____

E-mail:_____ Phone Number:_____

Mailing Address:_____ State:_____ Zip:_____

High School: _____ Phone Number: _____
Mailing Address: _____ State: _____ Zip: _____
Principal Name: _____ GPA: _____

Post-secondary school planning to attend: _____
Planned Degree: _____ Major: _____

ACT Scores (American College Testing Program)

Composite: _____ English: _____ Math: _____ Reading: _____ Science: _____

SAT Scores

Composite: _____ Reading: _____ Math: _____ Writing: _____

Career goals after post-secondary education:

Activities & special interests (work experience, honors, and other activities):
(Attach extra pages if necessary)

Other than financial need, why do you think you should receive this scholarship?

Statement of financial need: Many scholarship awards are based on financial need. The committee choosing the recipient must rely on the information in this application in order to make a wise choice. Please include any pertinent information to help the committee make a decision, such as: amount of any financial aid you may receive from your family, government student loans, number of siblings in college, special financial situation which may affect your ability to pay for college, government grants you may be receiving and other scholarships you may have already been awarded.

Family Support: _____	Number of Siblings Attending College: _____
Government Grant: _____	Government Grant: _____
Student Loan: _____	Other Loans: _____
Scholarship: _____	Scholarship: _____
Scholarship: _____	Scholarship: _____
Other Financial Information: _____	
Other Financial Information: _____	

This form must be completed, signed and returned in order to be considered for a scholarship
Applications not accompanied by a current transcript will not be considered.

Signature of Student: _____ **Date:** _____