



## William C. Voglewede Memorial Scholarship

### Background:

This fund was established through a bequest from Rosemary Voglewede's will in honor of her late husband, William C. Voglewede. William was originally from Indiana, and Rosemary was from Ohio. William graduated from Loyola University's School of Medicine in 1944, and married Rosemary later that year. He served in the Navy until June 1946. William and Rosemary moved to Carrington, ND, where he practiced medicine for 47 years. Together they raised 14 children. William passed away in 1994, followed by Rosemary in 2022.

### Eligibility Requirements:

- **Applicant must have graduated from, or will be graduating from, Carrington High School.**
- Applicant must be pursuing an education in any health related field, at any level of their collegiate education.

### Return Complete Application by April 1 to:

Carrington High School Counselor  
100 3rd Ave S  
Carrington ND 58421

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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:** \_\_\_\_\_

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**ACT Scores\***

Composite: \_\_\_\_\_ English: \_\_\_\_\_ Math: \_\_\_\_\_ Reading: \_\_\_\_\_ Science: \_\_\_\_\_

**SAT Scores\***

Composite: \_\_\_\_\_ Reading: \_\_\_\_\_ Math: \_\_\_\_\_ Writing: \_\_\_\_\_

\*Not required, but you may include your scores, if you took either or both exams.

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**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.

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

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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:** \_\_\_\_\_



*This scholarship is administered by the North Dakota Community Foundation. If you have any questions, please contact their main office in Bismarck at 701-222-8349.*