

Fay & Irene Sanders Memorial Scholarship

Background

Fay and Irene Sanders both graduated from North Dakota Agriculture College (now NDSU). Irene graduated with a Home Economics degree in 1938 and went on to work as a dietician during WWII and later as a teacher. Fay graduated from the School of Pharmacy in 1939, and worked as a pharmacist in Crookston until being called to active duty. In 1946, they established the Sanders Rexall Drug in Oakes and retired in 1977. Both Fay and Irene were actively involved in their community. Fay passed away in 1996, and Irene in 2013.

The purpose of the Fay and Irene Sanders Memorial Scholarship is to support and honor those students who seek a career in pharmacy or food and nutrition.

Eligibility Requirements

- Must be a graduate of Oakes High School
- Must major in pharmacy or food and nutrition
- Preference will be given to students attending NDSU
- The ideal recipient demonstrates:
 - 1. Dedication
 - 2. Hard work
 - 3. Moderate to good academic standing
 - 4. Financial need

ADDITIONAL REQUIREMENTS

In addition to this form and your most recent transcript, you must also include a letter of recommendation.

Return Complete Application by April 1 to

Oakes High School Counselor 804 Main Avenue Oakes, ND 58474

Name of student:	
E-mail:	
Mailing Address:	State:Zip:
Parent/Guardian (1):	
E-mail:	Phone Number:
	State: Zip:
Parent/Guardian (2):	
E-mail:	
Mailing Address:	State: Zip:

High School:			Phone Number:	
Mailing Address:		State: Zip:		
Principal Name:			GPA:	
Post-secondary school plan	nning to attend:			
Planned Degree:			_ Major:	
	ACT Scores (America	n College Testing	Program)	
Composite:	English: Ma	ath: Readin	g: Science:	
ı <u>—</u>	_		<i>C</i>	
	SA	T Scores		
Composite:	Reading:	Math:	Writing:	
(Career goals after p	ost-secondary e	ducation:	
Activities & spe	cial interests (work	experience, hon	ors, and other activities):
	·	pages if necessary	· · ·	, •

Other than financial need, why do you think you should receive this scholarship?		
Statement of financial need: Many scholarship awards	s are based on financial need. The committee choosing	
the recipient must rely on the information in this applica	ation in order to make a wise choice. Please include any	
pertinent information to help the committee make a deci	sion, such as: amount of any financial aid you may	
receive from your family, government student loans, nur		
which may affect your ability to pay for college, govern	ment 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:	
Other Financial Information:		
Other Financial Information:		
This form must be completed, signed and return		
	rned in order to be considered for a scholarship	
Applications not accompanied by a cu	rned in order to be considered for a scholarship rrent transcript will not be considered.	
Applications not accompanied by a cu	±	
Applications not accompanied by a cu	±	
	rrent transcript will not be considered.	
Applications not accompanied by a cursular Signature of Student:	rrent transcript will not be considered.	

