



# Kenneth & Arline Lueck Scholarship Fund

## Background

Established through a gift from Kenneth and Arline Lueck. Per their direction, this scholarship is intended to annually support graduating seniors who are hard-working students, but may be overlooked for other scholarships.

## Eligibility Requirements

Must be a senior graduating from either Barnes County North Public School or Montpelier High School.

The intent is to award at least one scholarship in each high school every year.

## Return Complete Application by April 1 to either

Barnes County North High School  
Counseling Office  
2184 101st Ave SE  
Wimbledon ND 58492

Montpelier High School  
Principal's Office  
214 7th Avenue  
Montpelier ND 58472

---

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.

<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> _____	

---

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.*