



NORTH DAKOTA  
COMMUNITY  
FOUNDATION

## Ishmael & Rose Diede Scholarship

### **Background:**

Established with a gift from the estate of Ishmael Diede. This permanent endowment fund will be used to provide scholarships to high school students in Hettinger & Western Morton Counties, as well as community projects in both regions.

Both Ishmael & Rose graduated from Hebron High School in 1939. They were married in 1942, and together operated their own photo studio in Mott for 38 years, providing services to a wide area of southwestern North Dakota. Rose and Ishmael retired to Bismarck in 1985. Rose passed away in October 2005.

Ishmael wished to support the communities where he and Rose grew up and made their living. When Ishmael passed away in December 2011, he left a substantial legacy that will continue to support Hettinger & Western Morton Counties indefinitely.

### **Eligibility Requirements:**

- Please check with your counselor/local scholarship committee or Dollars For Scholars Scholarship Committee for details on eligibility.
- Please include a brief essay on why you deserve this scholarship. Use this to give additional information about yourself for the committee to evaluate why they should select you.

### **Return Completed Form by April 1 to:**

Applicants in:

Hebron: Hebron Public School, C/O Dollars for Scholars, PO Box Q, Hebron, ND 58638  
Glen Ullin: Kim Kobilansky, Glen Ullin DFS, 6662 50th St, Glen Ullin, ND 58631  
Mott-Regent: High School Counselor, 205 Dakota Ave, Mott, ND 58646  
New England: High School Counselor, 1200 Main St, New England, ND 58647

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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: \_\_\_\_\_



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*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.*

## Ishmael & Rose Diede Scholarship Continued

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 (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)

## Ishmael & Rose Diede Scholarship Continued

**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: _____	

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