



# ALEXANDER PUBLIC SCHOOLS

Home of the Comets!

## FOUNDATION SCHOLARSHIP APPLICATION

### **Background:**

Do you want anything here?

### **Eligibility Requirements:**

- The scholarship will assist a graduating senior in the average or normal range in scholastic achievement from the Alexander, ND area who is a member of the Alexander Public Schools.
- If no individual from the school applies, then the scholarship will be open to any individual in the Alexander area.

### **APPLICATION TIMEFRAME JANUARY 1<sup>st</sup> to MARCH 1<sup>st</sup>:**

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 (if different than Alexander PS): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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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)



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**FOUNDATION SCHOLARSHIP APPLICATION**

**Other than financial need why do you think you should receive this scholarship:**

[Empty rectangular box for writing the answer to the question above.]

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

**PRINT AND SEND A COPY TO THE ADDRESS BELOW**

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C/O APSF SCHOLARSHIPS  
14984 Hwy 200  
Cartwright, ND 58838