



# Tom Sturdevant Memorial Scholarship

## Background:

The Tom Sturdevant Memorial Scholarship Fund was established in 1990 by the family and from memorials received at the time of Tom's death from a heart attack in January, 1990. At the time of his death, Tom was married and had three young children. He had been a teacher since 1980, teaching Physical Education at Bismarck's Pioneer Elementary School from 1986 to 1989, and from 1989 until his death was the Head Football Coach and taught Physical Education at Century High School. He wrote on his application to the Bismarck Public Schools, "One of the reasons I went into teaching was because I love young people."

## Eligibility Requirements:

- The fund will assist a graduating senior from Bismarck Century High School.
- The recipient must be a student enrolled in grades 10-12 at Century High School, an athlete who plays above his potential and with "heart", is involved with year round training, and participates in either football or track.
- The advisory committee will consist of Century High School Athletic Director and his appointees.
- The award will be made in the fall of each year
- Submit a transcript

## Return Completed Form by April 1 to:

Principal of Century High School  
1000 E Century Ave, Bismarck, ND 58503

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: \_\_\_\_\_

Tom Sturdevant Memorial Scholarship Continued

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:**

Empty box for career goals after post-secondary education.

**Activities & special interests (work experience, honors, and other activities):**

(Attach extra pages if necessary)

Empty box for activities and special interests.

Tom Sturdevant Memorial 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.

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