



# Connie Wold Wellness Foundation Scholarship

## Background:

Established by Connie’s husband and daughter in 2009 following Connie’s tragic death in a bicycle/truck accident. Connie was a champion for fitness in the Watford City area. She helped to establish the first Wellness Center in Watford City and taught fitness classes for over 20 years. Connie personally coached/encouraged many to start, maintain, and increase their fitness program. The Connie Wold Wellness Foundation—Scholarship will assist students that embody Connie’s enthusiasm, joy, and commitment to fitness and wellness.

## Eligibility Requirements:

- Recipients must send proof of McKenzie County residency for their Junior and Senior years of High School.
- The Fund will provide one award for a graduating senior and one award for a 3rd year college student.
- Recipient must enroll as a full-time student (12 credit hours/semester).
- All undergraduate and graduate students from McKenzie County are eligible to apply.

## Return Completed Form by April 1 to:

Cordell Wold, PO Box 1402, Watford City, ND 58854-1402

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: \_\_\_\_\_

Connie Wold Wellness Foundation Scholarship Continued

**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)

Large empty box for activities and special interests.

Connie Wold Wellness Foundation 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:** \_\_\_\_\_