



## Carlyle R. & Eva M. Albrecht Scholarship

### Background:

The Carlyle R. and Eva M. Albrecht Scholarship Fund was established in 1999 by family and friends.

The Albrecht's lived in the Flasher North Dakota area and were interested in education.

### Eligibility Requirements:

- Students from Flasher High School may apply for the Scholarship.
- Students must maintain a 2.0 GPA on a 4.0 = A scale.
- Preference will be given to students who demonstrate high personal character, community dedication and achievement.
- Financial need will be one of the criteria used to determine the recipient.

### Return Completed Form by April 1 to:

Principal of Flasher High School  
Flasher High School  
206 Third Ave NE  
Flasher, ND 58535

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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: \_\_\_\_\_

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

High School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Principal Name: \_\_\_\_\_ GPA: \_\_\_\_\_

Carlyle R. & Eva M. Albrecht 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:**

**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> _____	

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