



NORTH DAKOTA  
COMMUNITY  
FOUNDATION

## South Central High School Lisa Kraft Scholarship

### **Background:**

Lisa Kraft graduated from SCHS in 1992. She was an exemplary student who brightened our days and made us laugh. Tragically, Lisa died in a plane crash on October 26, 1994 at 21. This scholarship was established in 1999 by her parents, Bert and Deb Kraft, in her loving memory. The scholarship is to financially assist students from SCHS in continuing their education.

### **Eligibility Requirements:**

- Must have completed a minimum of 2 credits at South Central High School.
- Must have applied to an accredited post-secondary education program.
- Must complete one semester of post-secondary education with a 2.0 GPA or higher within 12 months of graduation.
- Award will be made without regard to race, color, gender, national origin or disability.

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

Counselor at High School  
406 S. Anderson St, Bismarck, ND 58504

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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: \_\_\_\_\_



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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.*

## Lisa Kraft 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)

## Lisa Kraft 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> _____	

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