



## Sally Brash Memorial Scholarship

### Background:

Established with a gift from the estate of Inez May Bergeson in loving memory of her daughter, Sally Brash. The fund will provide scholarship assistance to students who graduate from Sargent Central School District No. 6. Students who have qualities similar to Ms. Brash will receive priority for the award.

### Eligibility Requirements:

- To financially assist students from Sargent Central Public School District #6.
- Students may attend any institution of higher learning to include vocational education.
- Preference will be given to students who rank in the top ½ of the senior class and who display these character traits possessed in great measure by Sally Brash:
  1. Intelligence
  2. Personal Character
  3. Kindness
  4. Ambition
  5. Generosity

### Return Completed form by April 1 to:

Sargent Central High School Counselor  
575 5th St SW, Forman, ND 58032

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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: \_\_\_\_\_

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.

**Other than financial need, explain why you deserve this scholarship. Base your essay on how you meet the five traits possessed in great measure by Sally Brash (listed on page 1).**

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



*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.*