



NORTH DAKOTA  
COMMUNITY  
FOUNDATION

## Bob Campbell Scholarship

### Background:

The Bob Campbell Scholarship was established in 2010 as a gift from his family to honor his memory. Bob was raised in Minto, North Dakota and graduated from Minto High School in 1974. He later attended Mayville State University, graduating in 1978. Bob returned to Walsh County to teach in Pisek, North Dakota and then became manager of the family-owned business in Minto. Bob passed away February 11, 1986. The Bob Campbell Scholarship is designated for those pursuing studies in the field of education and/or for whom financial need is established. with a gift from the estate of Ruth Shoults-Gornowich, the purpose of the fund is to provide scholarships to deserving Minto, ND students who plan to pursue higher education.

### Eligibility Requirements:

- All students are welcome to apply but preference will be given to students who achieve academically, who plan to pursue a career in the field of education, and who exhibit financial need as determined by the scholarship committee.

### Return Completed Form by April 1 to:

Administrator of the Minto Public Schools  
Minto Public Schools 200 4th St Minto, ND 58261

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: \_\_\_\_\_



NORTH DAKOTA  
COMMUNITY  
FOUNDATION

*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.*

## Bob Campbell 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:

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

(Attach extra pages if necessary)

## Bob Campbell 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:** \_\_\_\_\_