

Billings County Scholarship

Background:

The fund was established in 1980 by an anonymous donor who wanted to assist Billings County high school seniors.

Eligibility Requirements:

- Applicant must be a resident of Billings County.
- Financial need will be considered in making the award.

Return Completed Form by April 1 to:

Belfield Public School, PO Box 97 Belfield, ND 58622

Name of student:				
E-mail:				
Mailing Address:	State:	Zip:_		
Parent/Guardian (1):				
E-mail:	Phone Number:			
Mailing Address:	State:	Zip:		
Parent/Guardian (2):				
E-mail:				
Mailing Address:	State:	Zip:		
High School:	Phone Number:			
Mailing Address:		Zip:_		
Principal Name:	1			
Post-secondary school planning to attend:				
Planned Degree:				



Billings County Scholarship Continued

ACT Scores (American College Testing Program)							
Composite:	English:	Math:	Reading:	Science:			
SAT Scores							
Composite:	Reading: _	Ma	ıth:	_Writing:			
Career goals after post-secondary education:							
Career goals after post-secondary education.							
Activities & s	nooial interests (xx	orlz oznania	naa hanara	and other activities).			
Activities & special interests (work experience, honors, and other activities): (Attach extra pages if necessary)							
(Attach extra pages if necessary)							



Billings County Scholarship Continued

Other than financial need why do you think you should receive this scholarship:				
the recipient must rely on the information in this applic pertinent information to help the committee make a dec receive from your family, government student loans, no	umber of siblings in college, special financial situation			
which may affect your ability to pay for college, govern scholarships you may have already been awarded.	nment grants you may be receiving and other			
Family Support:	Number of Siblings Attending College:			
	Government Grant:			
	Other Loans:			
	Scholarship:			
	Scholarship:			
Other Financial Information:				
Other Financial Information:				
	arned in order to be considered for a scholarship. arrent transcript will not be considered.			
Signature of Student:	Date:			

