



NORTH DAKOTA
COMMUNITY
FOUNDATION

John Lunde Memorial Scholarship

Background:

The fund was established in 1986 by Dorothy Lunde in memory of her husband, John Lunde. John lived and farmed in the St. Thomas area his entire life and he served on the school board of St. Thomas School District for 25 years.

Eligibility Requirements:

- The scholarship will assist a second year college student, preferably in the field of music who has graduated from the St. Thomas, ND area.
- The award will be made in the fall of each year.
- The Lunde family shall review the applications and recommend the recipient.

Return Completed Form by April 1 to:

Principal of St. Thomas High School
375 Heritage St, St Thomas, ND 58276

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.

John Lunde Memorial 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)

John Lunde Memorial 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.

Family Support: _____	Number of Siblings Attending College: _____
Government Grant: _____	Government Grant: _____
Student Loan: _____	Other Loans: _____
Scholarship: _____	Scholarship: _____
Scholarship: _____	Scholarship: _____
Other Financial Information: _____	
Other Financial Information: _____	

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:** _____