2023 CENTENNIAL OF EDUCATION – SCHOLARSHIP APPLICATION

***BENSON HIGH SCHOOL, BENSON MINNESOTA***

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| **NAME:** | | | **DATE:** | |
| **9-12 Cum.GPA (END OF SEM. 1): Class Rank:** **ACT Composite Score:**    ***PRINT ONE COPY OF THIS APPLICATION FOR EACH SCHOLARSHIP FOR WHICH YOU ARE APPLYING.***  ***THIS PAGE WILL BE THE COVER SHEET FOR EACH APPLICATION.***  ***Indicate with an X which scholarship committee each application should be directed to. Staple all pages belonging to each application together. (If a scholarship is not on this list, it requires a separate application, which will be the cover page.)***  Please type or print clearly. All scholarships require a personal letter directed to each specific scholarship committee  (see guidelines), and a copy of this application. The deadline for Scholarship Applications is **Monday, March 15, 2023,**  **3:30 pm**. In the event that the deadline date is a snow day, the deadline will be extended to the next day school is in session. | | | | |
|  ***Susan Anfinson Memorial***  ***BHS Alumni Scholarship***   ***BHS Centennial of Ed. Individual***  ***Class & General Fund Scholarships***  *Multiple to be awarded - amounts vary;* *everyone is encouraged to apply.*  *(One application to apply for all.)*   ***Benson Education Association***  ***Benson Jaycees Scholarship***  ***Benson Kiwanis Scholarship***  ***Benson Lions Club Scholarships***   ***Benson Sidekicks TKD Scholarship***   ***Cory L. Braaten Mem.Scholarship/***  ***Benson Women of Today***  ***Leon Brockmeyer Memorial*** | |  ***William J. “Bill” Collins Memorial***   ***DECA Business Scholarships***   ***Jerry Ellingson Memorial***   ***Brian Flanders Memorial Laptop***   ***Mark Frank/Good Neighbor Scholar.***   ***Dody Fuchs-Abbott Memorial***  ***Kelly (Svor) Fuhrman Music Schol.***   ***Al & Mary Ann Grage NDSCS Schol.***   ***Harvey Hoffman Nursing Memorial***   ***Dr Richard & Anita Horecka Schol.***   ***Johnson Fertilizer Memorial Schol.***   ***Paul Kittelson Memorial Scholarship***  ***Arthur-Pearl-Wayne Larson Memor.***  ***Scholarships*** | |  ***Albert Lokken Music Honors***   ***Masons Swift Lodge #129 Scholar.***   ***Marion Morlock-Payne Scholarship***   ***Music Boosters Scholarship***   ***Agnes Dorothy Vogel (Olson) &***  ***Esther Alvina Horsted (Olson) Schol.***   ***E.W. “Bill” Orr Biology Scholarship***   ***Alyssa Pollock Memorial Scholar.***   ***Rose Skarsten U of MN Memorial***  ***Miles Staton Memorial Scholarship***   ***SCBHS General Union- Local #2053***   ***SCBHS RN-LPN Professional***  ***Union- #2053 Scholarship***   ***John Thompson Memorial Scholar.***   ***Janel Hanson Memorial Scholarship*** |
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| 1. | **Academic achievements:** | | | |
| 2. | **Goals and aspirations pertaining to career:** | | | |
| 3. | **Character references (name/occupation/phone number):** | | | |
| 4. | **Activities participation:** | | | |
| 5. | **Work experience in community:** | | | |
| 6. | **Volunteer work experience in the community:** | | | |
| 7. | **Institution and major in which you are enrolled for next fall:** | | | |
| 8. | **Please indicate career areas you are interested in and why.** | | | |
| 9. | **My post-secondary plans have been researched in the following ways (Ex. campus visits, career fairs, visits with college reps, job shadowing, etc.):** | | | |

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| *I certify that the information on this form is true and correct. I also agree to release the information on this form and the attached letter to scholarship committees for the sole purpose of scholarship selection. For scholarship eligibility - I verify that I will be enrolled FULL TIME – in Post-Secondary Education this fall at the college listed above. Parent signature is required if applicant is under age 18.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Signature Parent Signature |

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