

# Scholarship Application

(*UNDERGRADUATES –  
EXCLUDING FRESHMEN*)



## Contact Information

Name (First, Middle, Last)	
Street Address	
City St Zip	
County	
Phone #	
Email Address	
School Planning to Attend	

## High School Information

High School Attended \_\_\_\_\_

Honors Achieved \_\_\_\_\_

Activities \_\_\_\_\_

## College/University Information

Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

Class \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ Total Credits \_\_\_\_\_

If you have transferred from another school, please indicate:

College/University Name(s) \_\_\_\_\_ Credit Transferred \_\_\_\_\_

\_\_\_\_\_ Credit Transferred \_\_\_\_\_

Employment while attending college \_\_\_\_\_

Approximate number of hours per week \_\_\_\_\_

Advisor's Name \_\_\_\_\_

*(Page 2 – Undergraduate Application)*

Honors Achieved at College/University \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activities Involved in at College/University \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Activities (organizations, jobs, church, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please state your career objectives and provide any information you feel might be pertinent to your eligibility for a scholarship.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return application to: *North Dakota Crop Improvement & Seed Association*  
*Attn: Toni Muffenbier*  
*Loftsgard Hall, Dept 7671, PO Box 6050*  
*Fargo, ND 58108-6050*

**Application deadline is February 15<sup>th</sup>**

Note: Applicant and/or guardian must be a member of their respective County Crop Improvement Association.  
Are you and/or your guardian County Crop Improvement members? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**