

DICKINSON WOMEN OF TODAY
SCHOLARSHIP FUND

The Dickinson Women of Today Scholarship Fund gives a maximum of one \$250.00 and two \$150.00 Scholarships for deserving individuals in the surrounding area. The awarding of this Scholarship is handled through the Dickinson Women of Today Organization. Deadline for submission is May 1.

CONDITIONS AND TERMS OF SCHOLARSHIP

1. This scholarship will be given to any High School Senior preparing to enter College as a first quarter/semester freshman.
2. The Funds may be used at any North Dakota or Reciprocity State College, University or Trade School of the recipient's choice.
3. Final selection of recipient will be based on the following: potential for success and outstanding Leadership traits.
4. The scholarship entitles the recipient to receive credit for tuition, books, laboratory fees or other academic costs. Personal allowances or expense monies to the recipient of these Funds are not allowed.
5. The monies will be released UPON COMPLETION OF FIRST QUARTER/SEMESTER. Transcript of those grades may be mailed to Scholarship Chairman.

SCHOLARSHIP FUND APPLICATION REQUIREMENTS

1. Transcript must accompany this application
2. Letter of Recommendation from one of the candidate's instructors must accompany
3. Failure to complete all sections will void the application
4. Deadline for submission is May 1.

Chairman's Name: Anneliese Schmidt
Address: 338 Short Drive Dickinson, N. D. 58601
Phone No: 701 - 690 - 7483



Please discard any former application forms from NORTH DAKOTA WOMEN OF TODAY, as the State Chapter no longer offers such. This is being run by our local Dickinson Women of Today Chapter.

Scholarship Application

To be completed by applicant. Attach additional sheets if necessary.

Last Name First Name Middle Name/Initial

Address City, State Zip Code

HIGH SCHOOL BACKGROUND: Attach official high school transcript.

GENERAL INFORMATION: List any extracurricular membership and offices held including civic, fraternal, social and religious organizations.

Freshman _____

Sophomore _____

Junior _____

Senior _____

ANTICIPATED SOURCES OF INCOME, which will be applied toward your education:

NAME OF INSTITUTION APPLICANT HAS SELECTED: _____

APPLICANT'S SIGNATURE: _____

To be completed by parent/guardian:

Last Name First Name Middle Name/Initial

Address City, State Zip Code

PARENT/GUARDIAN'S SIGNATURE: _____ *Phone No.*