**Bernice halvorson education scholarship Fund**

**Scholarship Program Application**

Please complete all items below. The applicant assumes responsibility for ensuring that all requested information is complete and received by the Madison Community Foundation by the application deadline of April 15.

**Name**

Last First Middle

**Address**

Street or PO Box City State Zip

**Phone**

**E-Mail**

**High School:**

Name City/State Date of Graduation

**Name of College** which you plan to enroll:

Name of College City/State Field of Study

Have you been accepted? 🞏 Yes 🞏 No Year in School: 🞏 1 🞏 2 🞏 3 🞏4

Anticipated date of completion: \_\_\_/\_\_\_/\_\_\_

**Activities** – Please list extracurricular, community, and personal activities in which you have participated during the past four years. Please include sports, clubs, arts, volunteer, etc.

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| --- | --- | --- |
| Activity | Dates of Participation (MM/YR – MM/YR) | Leadership Positions or Honors |
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**Work Experience** – List previous and current employment.

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| --- | --- | --- |
| Employer | Dates of Employment (MM/YR – MM/YR) | Position/Title |
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**Goals** – Make a statement of your future plans and long-term goals.

**Unusual Circumstances** – State any circumstances or events that may have affected your ability to obtain higher education.

**Current Academic Information** – Complete **and** attach a current, complete transcript of grades.

GPA \_\_\_\_\_\_\_\_\_ on a 4.0 scale Class Rank \_\_\_\_\_\_\_\_\_\_ out of \_\_\_\_\_\_\_\_\_\_\_

**Letter of Recommendation (Required)** – Please have someone who knows you well complete the attached form.

**Application deadline is April 15.**

Please submit application to: Madison Community Foundation

**P.O. Box 61**

**Madison, MN 56256**

I certify that all of the information in this application is true and complete to the best of my knowledge. If asked, I agree to give documentation for information given in this application. I realize that this proof may include a copy of my US tax return. I realize that failure to comply with a request for information or the falsification of information will prevent the applicant from receiving any financial assistance.

Applicant signature Date

Parent Signature (if dependent student) Date

Spouse Signature (if independent student)

## Letter of Recommendation Form

**To Evaluator:** The applicant is applying for a Bernice Halvorson Education Scholarship. Your evaluation is needed as part of the application. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. In the space provided below, please make a statement describing the applicant’s character, leadership abilities, potential to succeed, and evidence of the student’s strengths and weaknesses. If you are using your letterhead, be sure to include your relationship to the applicant and the length of time you have been acquainted. Parents and family members are not eligible to write an evaluation for this application.

I am writing this evaluation on behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name

Evaluator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street or PO Box ) City State Zip

Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you know applicant? \_\_\_\_\_\_