

APPLICATION FOR MOUNTRAIL COUNTY HOMEMAKER'S SCHOLARSHIP

Two \$200 scholarships, sponsored by the Mountrail County Homemakers, will be given annually to Mountrail County students. Applicants should be high school seniors to college juniors.

This application must be returned to the Mountrail County Extension Office, PO Box 40, Stanley, ND 58784 with a postmark no later than **April 1**.

The complete application will include the following:

- 1. Application Form
- 2. Attached recommendation form completed by school staff
- 3. Letters of recommendation from the two persons listed as references below (only one reference should be from school personnel, the second reference should come from somebody outside of the school system.

Only **complete** applications will be considered for the scholarship.

Name: _____

Address: _____

Date of Birth: _____ County of residence: _____

Name of Parent or Guardian: _____

Number of sisters & brothers: _____ Ages: _____

Name and address of high school: _____

What is your academic rank? _____ in class of _____ seniors.

What course of study do you plan to pursue? _____

What college do you plan to enroll at? _____

High school organizations, activities and involvement: (Please list offices held, awards received, leadership positions and roles taken.) Attach additional sheets if necessary.

Church and community organizations, activities and involvement: (Please list offices held, awards received, leadership positions and volunteer roles.) Attach additional sheets if necessary.

Have you been a 4-H member? _____ How many years? _____

References (please use only one school personnel as a reference and it should be someone other than the superintendent, principal or counselor filling out the recommendation form):

Name:

Address:

**MOUNTRAIL COUNTY HOMEMAKER'S SCHOLARSHIP
RECOMMENDATION FORM**

To be completed by one of the following: superintendent, principal, or school counselor

Name of Applicant _____ Date _____

Please rate this student using a scale of 1 to 5, with 1 being the lowest and 5 the highest. Please assign a number in each category. You may use fractions, for example, 4.5, 3.5, etc. The form must be returned to the Mountrail County Extension Office, PO Box 40, Stanley, ND, 58784, no later than **April 1** of the current year.

RATING SCALE: 1 2 3 4 5

RATING:

1. Character/Integrity: _____

2. Ability to work with others/Cooperativeness: _____

3. Personal Appearance: _____

4. Academic Ability: _____

5. Leadership/Initiative/Citizenship: _____

6. Dependability/Responsibility: _____

7. Punctuality: _____

8. Maturity/Poise: _____

9. Promise of Success: _____

Statement regarding general merit: (use back of this page, if needed)

Signature _____

School _____ Position _____