



NORTH DAKOTA
COMMUNITY
FOUNDATION

Darrel and Arloween Remington Scholarship

A scholarship of \$500 will be awarded to one student from the Belfield School District and one from the Mott-Regent School District.

Selection Criteria (in the following order):

1. Student pursuing a degree in education.
2. Student pursuing a degree in IT.
3. Student pursuing a degree in business.
4. Student pursuing a degree in health care.
5. Hardworking student with at least a 2.5 GPA as determined by the school's scholarship committee.

Return Completed Form by April 1 to:

Belfield Public School, PO Box 97, Belfield, ND 58622 OR Mott-Regent High School, 205 Dakota Ave, Mott, ND 58646

Name of student: _____

E-mail: _____ Phone Number: _____

Mailing Address: _____ State: _____ Zip: _____

Parent/Guardian (1): _____

E-mail: _____ Phone Number: _____

Mailing Address: _____ State: _____ Zip: _____

Parent/Guardian (2): _____

E-mail: _____ Phone Number: _____

Mailing Address: _____ State: _____ Zip: _____

High School: _____ Phone Number: _____

Mailing Address: _____ State: _____ Zip: _____

Principal Name: _____ GPA: _____

Post-secondary school planning to attend: _____

Planned Degree: _____ Major: _____

Darrel and Arloween Remington Scholarship - Continued

ACT Scores (American College Testing Program)

Composite: _____ English: _____ Math: _____ Reading: _____ Science: _____

SAT Scores

Composite: _____ Reading: _____ Math: _____ Writing: _____

Career goals after post-secondary education:

Activities & special interests (work experience, honors, and other activities):

(Attach extra pages if necessary)

Darrel and Arloween Remington Scholarship - Continued

Other than financial need why do you think you should receive this scholarship:

Statement of financial need: Many scholarship awards are based on financial need. The committee choosing the recipient must rely on the information in this application in order to make a wise choice. Please include any pertinent information to help the committee make a decision, such as: amount of any financial aid you may receive from your family, government student loans, number of siblings in college, special financial situation which may affect your ability to pay for college, government grants you may be receiving and other scholarships you may have already been awarded.

Family Support: _____ Number of Siblings Attending College: _____
Government Grant: _____ Government Grant: _____
Student Loan: _____ Other Loans: _____
Scholarship: _____ Scholarship: _____
Scholarship: _____ Scholarship: _____
Other Financial Information: _____
Other Financial Information: _____

This form must be completed, signed and returned in order to be considered for a scholarship.

Applications not accompanied by a current transcript will not be considered.

Signature of Student: _____ Date: _____