

Clarence Johnson/Eunice Iwen Scholarship

Background

Established in 2022 by the Advisory Committee of the Clarence Johnson and Eunice Iwen Community Fund for Arthur, to honor the memory and legacy of Clarence and Eunice, and their commitment to education. The Community Fund was established through a generous gift from the Clarence Johnson & Eunice Iwen estate. The Foundation is affiliated with the North Dakota Community Foundation, which is a nonprofit, tax-exempt corporation under IRS code 501(c)(3) and North Dakota Law.

Eligibility Requirements

- Applicant must be a senior attending Northern Cass High School and must reside within the boundaries of the Northern Cass School District.
- Awards may be granted for any post-secondary education (i.e. four year college, two year college, trade school, or job training program, etc.)

Other information

• A minimum of \$1,000.00 may be awarded to selected applicants.

Return Complete Application by April 1 to the Chair of the Advisory Committee at the Clarence Johnson and Eunice Iwen Community Fund for Arthur:

Tim Timian 1825 161 Ave SE Hunter, ND 58048

Name of student:				
E-mail:				
Mailing Address:	State: Zip:			
Parent/Guardian (1):				
E-mail:	Phone Number:			
Mailing Address:	State: Zip:			
Parent/Guardian (2):	-			
E-mail:				
Mailing Address:	State: Zip:			

High School:			Phone Number:	
Mailing Address:				
Principal Name:				
Post-secondary school plan	ning to attend:			
Planned Degree/Certificate		Major	:	
	ACT Scores (American	n College Testing	Program)	
Composito				
Composite:	English: Ma	ın: Reading	g: Science:	
SAT Scores				
Composite:	Reading:	Math:	Writing:	
	Career goals after po	ost-secondary e	ducation:	
Activities & sne	cial interacts (work a	vnorionco hon	ors and other activiti	oc)•
Activities & special interests (work experience, honors, and other activities): (Attach extra pages if necessary)				
	(Filluon Chira)	pages ir necessary)		

Other than financial need, why do you think you should receive this scholarship?			
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	s are based on financial need. The committee choosing		
	ation in order to make a wise choice. Please include any		
pertinent information to help the committee make a dec			
receive from your family, government student loans, nu			
which may affect your ability to pay for college, govern	iment grants you may be receiving and other		
scholarships you may have already been awarded.			
Family Supports	_ Number of Siblings Attending College:		
	Government Grant:		
	Other Loans:		
	Scholarship:		
	_ Scholarship:		
Other Financial Information:			
Other Financial Information:			
This form must be completed, signed and retu	rned in order to be considered for a scholarship		
Applications not accompanied by a cu	rrent transcript will not be considered.		
Signature of Student:	Date:		
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