**Klabunde & Fitzsimonds Scholarship**

* A student pursuing a career in some field of aviation.
* Graduating from any McLean County high school
* Scholarship $500.

**Applications are due on the last day of March.  
The application must be postmarked by the last day of March.**

**A transcript and reference letter must accompany each application.**

Send application to:  
**Scholarships**

**c/o Sandy Nelson**

**4612 16th St. NW**

**Garrison, ND 58540**

**Applicant Data**

First Name

Middle Name

Last Name

Date of Birth

Telephone

Email

Mailing Address

City

State

Zip Code

Name of Parent/Guardian

Telephone

Mailing Address (*Permanent Mailing Address of parent/guardian if different from applicant)*

City

State

Zip Code

**School Data**

High School Attended

Graduation Date

School Address

City

State

Zip Code

Name of School Principal

Name of post-secondary school*(For which the applicant's scholarship is requested)*

Address

City

State

Zip Code

Major Field of study the applicant plans to pursue

Statement (*Make a statement of your plans as they relate to your educational and career objectives and future goals)*

**Personal Data**

Work Experience (*Describe your work experience during the past 4 years. Indicate dates of employment in each job and the approximate number of hours worked each week. List the total amounts earned at each job.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Date from (m/y)** | **Date to (m/y)** | **Hrs. per week** | **Amount Earned** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**School/Community Activities** *(List all school activities you have participated in for the past 4 years. (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past 4 years (e.g., Red Cross, church work, volunteer work, etc.). Include all special awards and honors.)*

|  |  |  |
| --- | --- | --- |
| **Activity** | **Number of Years Participating** | **Special Awards/Honors** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Other Awards** (*Please list below the name and amount of any grants or scholarships you have been awarded for the coming school year. Mark pending as status if you have yet to receive the award.)*

|  |  |  |
| --- | --- | --- |
| **Name of Award** | **Amount** | **Status** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Do you have any unusual family or personal circumstances you feel warrant attention?

Yes (if yes, please explain)

No

**Signature**

Applicant’s Signature ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in the termination of any scholarship granted.)*

**Note:** This application becomes valid only when the following have been submitted by the postmarked deadline. Check with your counselor to see if a mailing will be made before the deadline.

1. Student Application
2. Applicant Signature
3. Applicant Appraisal
4. High School transcript of courses completed

**Applicant Appraisal**

*To be completed by a high school principal, teacher, counselor, employer, minister, or community leader.*

*You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return this form to the applicant in a sealed envelope.*

**Applicant’s Name**

**The applicant’s choice of a post-secondary education program is**

extremely appropriate

very appropriate

moderately appropriate

appropriate

**The applicant’s achievement reflects his/her ability**

extremely well

very well

moderately well

not well

**The applicant’s ability to set realistic and attainable goals is**

Excellent

Good

Fair

Poor

**The quality of the applicant’s commitment to the school and community is**

Excellent

Good

Fair

Poor

**The applicant can seek, find, and use learning resources**

extremely well

very well

moderately well

not well

**The applicant demonstrates curiosity and initiative**

extremely well

very well

moderately well

not well

**The applicant has respect for themself and others**

Excellent

Good

Fair

Poor

**Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Appraiser’s Signature Date Title Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appraiser’s Business Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

**Transcript Information**

*High school seniors and students who have completed less than one full semester of post-secondary education must include a high school transcript or grades and have the following section completed by an appropriate school official.*

**Applicant’s Name**

Applicant Rank

In Class of

Cumulative GPA (4.0 scale)

ACT Composite Score

ACT English

ACT Math

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official’s Signature Date Title Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code