

## HENDRICKSON SCHOLARSHIP APPLICATION

Established in Memory of Lauritz and Marie Hendrickson & Darrel and Betty Hendrickson

## **Applications due the last Monday in March.**

(Shaded boxes fillable.	)					
Full Name:					HS Grad Year	
	First	L	ast	М.І.	-	
Current Address:						
	City			State	ZIP Code	
Phone:			Email:			
			(1	Not school email)		
If you have decid	ded on a pos	st-secondary instit	ution, please lis	st:		
If not, list your to	p three choi	ces:				
1)	•					
2)						
3)						
Number of total y	ears attend	ing Richland #44	High School:			
From:	To:					
From:	To:					
From:	To:					

## (You may submit on a separate sheet or use the fillable shaded boxes.) 1). How will receiving this scholarship make a difference in your future plans? 2). Who at Richland #44 was an important mentor/role model for you during your educational career and why?

Please thoughtfully answer the following questions:

3).	What is your favorite memory of attending Richland #44?
4).	Describe volunteer activities you have participated in and what it meant to you.
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Return application via email to richland44foundation@gmail.com or mail the application to the Richland #44 Foundation, PO Box 49, Colfax, ND 58018.

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