

**2023 CENTENNIAL OF EDUCATION – SCHOLARSHIP APPLICATION  
BENSON HIGH SCHOOL, BENSON MINNESOTA**

<b>NAME:</b>	<b>DATE:</b>
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<b>9-12 Cum.GPA (END OF SEM. 1):</b>	<b>Class Rank:</b>	<b>ACT Composite Score:</b>
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*PRINT ONE COPY OF THIS APPLICATION FOR EACH SCHOLARSHIP FOR WHICH YOU ARE APPLYING.  
THIS PAGE WILL BE THE COVER SHEET FOR EACH APPLICATION.*

*Indicate with an X which scholarship committee each application should be directed to. Staple all pages belonging to each application together. (If a scholarship is not on this list, it requires a separate application, which will be the cover page.)*

Please type or print clearly. All scholarships require a personal letter directed to each specific scholarship committee (see guidelines), and a copy of this application. The deadline for Scholarship Applications is **Monday, March 15, 2023, 3:30 pm**. In the event that the deadline date is a snow day, the deadline will be extended to the next day school is in session.

<input type="checkbox"/> <i>Susan Anfinson Memorial</i> <input type="checkbox"/> <i>BHS Alumni Scholarship</i> <input type="checkbox"/> <i>BHS Centennial of Ed. Individual Class &amp; General Fund Scholarships</i> <i>Multiple to be awarded - amounts vary; everyone is encouraged to apply. (One application to apply for all.)</i> <input type="checkbox"/> <i>Benson Education Association</i> <input type="checkbox"/> <i>Benson Jaycees Scholarship</i> <input type="checkbox"/> <i>Benson Kiwanis Scholarship</i> <input type="checkbox"/> <i>Benson Lions Club Scholarships</i> <input type="checkbox"/> <i>Benson Sidekicks TKD Scholarship</i> <input type="checkbox"/> <i>Cory L. Braaten Mem.Scholarship/Benson Women of Today</i> <input type="checkbox"/> <i>Leon Brockmeyer Memorial</i>	<input type="checkbox"/> <i>William J. "Bill" Collins Memorial</i> <input type="checkbox"/> <i>DECA Business Scholarships</i> <input type="checkbox"/> <i>Jerry Ellingson Memorial</i> <input type="checkbox"/> <i>Brian Flanders Memorial Laptop</i> <input type="checkbox"/> <i>Mark Frank/Good Neighbor Scholar.</i> <input type="checkbox"/> <i>Dody Fuchs-Abbott Memorial</i> <input type="checkbox"/> <i>Kelly (Svor) Fuhrman Music Schol.</i> <input type="checkbox"/> <i>Al &amp; Mary Ann Grage NDSCS Schol.</i> <input type="checkbox"/> <i>Harvey Hoffman Nursing Memorial</i> <input type="checkbox"/> <i>Dr Richard &amp; Anita Horecka Schol.</i> <input type="checkbox"/> <i>Johnson Fertilizer Memorial Schol.</i> <input type="checkbox"/> <i>Paul Kittelson Memorial Scholarship</i> <input type="checkbox"/> <i>Arthur-Pearl-Wayne Larson Memor. Scholarships</i>	<input type="checkbox"/> <i>Albert Lokken Music Honors</i> <input type="checkbox"/> <i>Masons Swift Lodge #129 Scholar.</i> <input type="checkbox"/> <i>Marion Morlock-Payne Scholarship</i> <input type="checkbox"/> <i>Music Boosters Scholarship</i> <input type="checkbox"/> <i>Agnes Dorothy Vogel (Olson) &amp; Esther Alvina Horsted (Olson) Schol.</i> <input type="checkbox"/> <i>E.W. "Bill" Orr Biology Scholarship</i> <input type="checkbox"/> <i>Alyssa Pollock Memorial Scholar.</i> <input type="checkbox"/> <i>Rose Skarsten U of MN Memorial</i> <input type="checkbox"/> <i>Miles Staton Memorial Scholarship</i> <input type="checkbox"/> <i>SCBHS General Union- Local #2053</i> <input type="checkbox"/> <i>SCBHS RN-LPN Professional Union- #2053 Scholarship</i> <input type="checkbox"/> <i>John Thompson Memorial Scholar.</i> <input type="checkbox"/> <i>Janel Hanson Memorial Scholarship</i>
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1.	<b>Academic achievements:</b>
2.	<b>Goals and aspirations pertaining to career:</b>
3.	<b>Character references (name/occupation/phone number):</b>

4.	<b>Activities participation:</b>
5.	<b>Work experience in community:</b>
6.	<b>Volunteer work experience in the community:</b>
7.	<b>Institution and major in which you are enrolled for next fall:</b>
8.	<b>Please indicate career areas you are interested in and why.</b>
9.	<b>My post-secondary plans have been researched in the following ways (Ex. campus visits, career fairs, visits with college reps, job shadowing, etc.):</b>

*I certify that the information on this form is true and correct. I also agree to release the information on this form and the attached letter to scholarship committees for the sole purpose of scholarship selection. For scholarship eligibility - I verify that I will be enrolled FULL TIME – in Post-Secondary Education this fall at the college listed above. Parent signature is required if applicant is under age 18.*

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**Student Signature**

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**Parent Signature**