

# ESAND

121 E Rosser Avenue  
Bismarck, ND 58501

Phone: 701-258-3022 • Fax: 701-258-0826

## MEMBER DEPENDENT SCHOLARSHIP APPLICATION FORM

### ESAND Member Information

Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Candidate Application Form

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last GPA: \_\_\_\_\_ High School/College Graduation Date: \_\_\_\_\_

College/University you will be attending at the time the scholarship is awarded (after October 31):

\_\_\_\_\_  
(phone # of registrar's office)

(address, city, state, zip)

List of Community (non-school) activities, including any offices held:

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

List school extra-curricular activities, including athletics, music, etc., and any offices held:

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

Academic Awards and Honors:

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

## CANDIDATE'S BIOGRAPICAL INFORMATION

Legal Guardian's Name: \_\_\_\_\_

Legal Guardian's Address: \_\_\_\_\_

\_\_\_\_\_

Other dependents of legal guardian (excluding you) names and ages:

\_\_\_\_\_

\_\_\_\_\_

Your goals and/or career plans: (attach additional sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will your legal guardian assist you financially in continuing your education? \_\_\_\_ Yes \_\_\_\_ No

If so, how much additional assistance to you feel you will need to continue your education? \$\_\_\_\_\_

Please check the range of your family's annual income:

- Below \$15,000       \$25,000-34,999       \$45,000 - above  
 \$15,000-24,999       \$35,000-44,999

List any other family/financial circumstances which should be considered and/or how the scholarship will benefit you (attach additional sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***I certify the above information to be true and correct.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Checklist:

\_\_\_\_ Completed application form (Please be sure to complete the biographical information and the goals/financial need information)

\_\_\_\_ Transcript  
\_\_\_\_ Two letters of recommendation  
\_\_\_\_ Optional - statement how scholarship will benefit you