

The Frank & Lulu Saunders Scholarship

administered by

**The Dakota Conference Corporation
of Seventh-day Adventists**

7200 N Washington Street; Bismarck, ND 58503

Phone: 701-751-6177 Fax: 701-751-6178

Student Scholarship Grant Application - Undergraduate

Eligibility: Grant applicants must be 1) A church member in the Dakota Conference and/or 2) a graduate of Maplewood Academy (MN). Enrollment must be in a post-secondary educational institution that is listed in the most recent official SDA yearbook.

Personal Information:

Applicant Name: _____

Home Address: _____

City, State, Zip: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Marital Status: _____ Name of Spouse, if Married: _____

Military Service: Yes / No Branch: _____ Dates of Active Duty: _____

Home Church of Membership? _____

Academic History:

High School: School Name: _____ City, State: _____

Year Graduated: _____ Cumulative GPA: _____ GED? Yes / No

ACT Scores, if available: _____

Undergraduate: School(s) Attended: _____

Credit Hours Earned: _____ GPA: _____ Degree(s) Earned: _____

Academic Goals:

School: _____ Location: _____

Field(s) of Study: _____ # of Terms Remaining: _____

Degree(s) Pursued: _____

I have the following grants and subsidies available for post-secondary education: _____

Special Circumstances or Considerations: _____

Work Activities: (include dates and duration of employment)

Work Experience Related to Field of Study: _____

Other Work Experience: _____

Other Activities:

Volunteer Work/Community Service: _____

Awards & Accomplishments: _____

Extracurricular Activities: _____

References:

Parent: Name: _____

Address: _____ City, State, Zip: _____

Email Address: _____ Phone #: _____

Pastor: Name: _____

Address: _____ City, State, Zip: _____

Email Address: _____ Phone #: _____

Please attach letters of recommendation from at least one teacher and from a non-relative.

Life and Career Goals:

Please attach a one-page double-spaced essay describing the personal and career goals you have set for yourself, referencing any experiences that have either helped you to define these goals or have prepared you most for achieving them.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the Scholarship Committee and scholarship donor(s).

Student Signature _____ Date _____

Parent Signature, if student is a minor _____ Date _____

Completed applications may be emailed to: vp.finance@dakotaadventist.org or mailed to: Dakota Conference Corporation of SDA, Attn: Saunders Scholarship, 7200 N Washington St, Bismarck, ND 58503