



# Region 10 Mary Anne Grimmell Memorial Scholarship Program 2018 Application Form

This form is to be completed by the applicant and returned to:  
Debbie Treadwell 4368 37<sup>th</sup> St NW Maple Lake, MN 55358 and  
**POSTMARKED ON OR BEFORE MAY 1, 2018**  
**All required elements must be sent with your application in one envelope.**

Year \_\_\_\_\_ (Scholarships will be awarded for the Fall semester for the college year beginning in the fall of 2018)

1. Applicant: \_\_\_\_\_  
(Please print or type name in full)

2. Home address: \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name and address of school or college you are now attending: \_\_\_\_\_  
\_\_\_\_\_

3. Region 10 club(s) you belong to \_\_\_\_\_  
**(A copy of your current membership card(s) in a Region 10 AHA club is required.)**

4. Year of school (this fall): Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate school \_\_\_  
Field in which you plan to major/are majoring: \_\_\_\_\_  
If you are a high school senior, indicate name and address of school or college you plan to attend as an incoming freshman  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated college costs for the coming year:	Total	\$ _____
	Tuition	\$ _____
	Room & Board	\$ _____

5. College entrance exam scores from tests you took **(A photocopy of exam results is required.)**  
ACT \_\_\_\_\_  
SAT \_\_\_\_\_  
Other \_\_\_\_\_

6. Schools attended **(A photocopy of each transcript is required.)**

A. Secondary school(s) \_\_\_\_\_

Date(s) of graduation \_\_\_\_\_ Scholastic Average \_\_\_\_\_ (based on 4.0 scale)

Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_

B. Higher institutions attended (colleges, technical schools, etc.): **(A photocopy of each transcript is required.)**

Name of school or college	Dates of Attendance	Credit hours earned	Scholastic Average (based on 4.0 scale)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

7. List any college scholarships you have previously received, by year, name and value:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Are you or will you be a candidate for any other scholarship(s) this year? If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. **\* Occupation & financial information is required.**

Name of parents or guardian: \_\_\_\_\_

Address of parents or guardian: \_\_\_\_\_

\_\_\_\_\_

\*Father's occupation: \_\_\_\_\_ \*Adjusted Gross Income \_\_\_\_\_

\*Mother's occupation: \_\_\_\_\_ \*Adjusted Gross Income \_\_\_\_\_

Number and ages of brothers and sisters: \_\_\_\_\_

How many brothers/sisters will be attending college during the school year beginning this fall? \_\_\_\_\_

\*Student's adjusted gross income \_\_\_\_\_

\*Spouse's adjusted gross income, (if married) \_\_\_\_\_

10. Explain your need for financial assistance: (attach separate sheet if necessary)

11. Describe your equine related activities: (attach separate sheet if necessary)

12. Record of leadership experiences: (kinds of activities, offices held, special activities, etc.) (Attach a separate sheet if necessary.)

13. Statement indicating reasons for your decision to study in the field you have chosen:

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