

## **Scholarship Application**

Name:	
Address:	
Contact Number:	
Birth Date:	High School Attended:
Date of Graduation:	Grade Point Average:
Honors:	
High School Activities: (	List)
R	eply on Seperate Sheet
Future Academic Plans/	Vocational Plans: (List)
Applicant Signature:	
Date:	
Please include, with this	form, a brief essay about yourself, your family, home life, etc.
Include any unusual circ	umstances, your interests, your work experience, and your
future plans.	

This application must be returned with 1) the letter of acceptance from the institution you plan to attend this year and 2) a letter from the High School verifying your grade point average and validating your High School graduation. All materials must be sent so they are received on or before May 10, 2024.

Brainerd Eagles \* 124 Front Street \* Brainerd, MN \* 56401 \* 218-829-4216