

Application form for: The Dru Sjodin Scholarship

This application must be completed and returned by **Feb 23, 2010**, and include your waiver for financial aid verification and a notarized copy of your transcripts from UND. Applications maybe submitted to UND Alumni Assoc., Attn: Roberta, Stop 8157, Grand Forks, ND 58202; or dropped off at the Strinden Center.

Students entering their sophomore, junior or senior year are invited to apply for The Dru Sjodin Scholarship, which continues the legacy of involvement and vibrant spirit of former student Dru Sjodin. As one of only a few full scholarships available to students, the scholarship celebrates Dru's life by turning grief into triumph. The recipient will receive funding for tuition, fees, room and board for one academic year. Students entering their sophomore, junior or senior year from any academic discipline are encouraged to apply; preference can be given to (1) a native of North Dakota or Minnesota, (2) someone who demonstrates financial need, (3) an active member of Gamma Phi Beta sorority.

Name: _____

Current Address: _____

Telephone: _____

E-mail: _____

Hometown: _____

Academic Year: _____

GPA: _____

Are you a member of Gamma Phi Beta? _____

Are you currently receiving financial aid? _____

On a separate piece(s) of paper, please respond to the following:

In 3 pages or less, briefly describe how being involved on campus has allowed you to affect individuals or the community as a whole at UND; as well as discuss how another individual or group has impacted your own life, views or experiences.

Applications will be reviewed by committee and narrowed. Finalists will be asked for a personal interview. The scholarship will be presented at the Student Government banquet. If you have any questions, please feel free to call Katie Itterman at 740-5568. Thank you for your interest in this scholarship!

University of North Dakota Student Consent to Release Educational and Financial Records Pursuant to the Family Educational Rights and Privacy Act of 1974, 1,

I, _____, hereby consent to the release by the University of North Dakota of the information concerning my education records and my financial obligations with the University.

PLEASE PRINT THE FOLLOWING INFORMATION

List the names of persons to whom you would like your information released:

1. _____

2. _____

3. _____

I understand that such records may not be released except on the condition that the party to which the information is being released will not permit any other party to have access to such information without my written consent. I also understand that this policy will be explained to those persons requesting any educational information. Finally, I understand that, at my request, I shall be provided with either the names of those persons requesting verbal information or a copy of the educational record released.

Signature of Student

Date

empl ID / Social Security #

Return to: UND Alumni Association, Attn: Roberta
3100 University Ave Stop 8157
Grand Forks, ND 58202