linda L. redmann scholarship trust

This trust will provide eight (8) scholarships, two (2) recipients from each of the following four (4) counties: Nelson, Walsh, Pembina, and Cavalier. The scholarships will be used to fund tuition and books. Any post-secondary education of any sort is allowed.

# Personal information

|  |  |
| --- | --- |
| Name (Last, First, Middle Initial) | Birthdate |
|  |  |
| Address (Street, City, State, ZIP) | Student Phone Number |
|  |  |
| High School | High School Graduation Year | Academic Average | Major |
|  |  |  |  |

|  |
| --- |
| If you have already been accepted by a college, please indicate the name of the college: |
|  |
| If you have not been accepted by a college, but have applied, please list your top three choices: |
| 1. |  |
| 2. |  |
| 3. |  |

# financial information

Because the scholarship is based partially on financial need, it is essential that you provide the following information. This information will be kept confidential. NOTE: If you are financially independent of your parents, it is not required that they supply financial information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | **INCOME** (yearly) | **Other Income** (interest, dividends, etc.) | **Assets** (excluding real estate, retirement, and personal property) | **Employer(s)** | **Title/Job** |
| Applicant |  |  |  |  |  |
| Father |  |  |  |  |  |
| Mother |  |  |  |  |  |
| Other Guardian |  |  |  |  |  |
| Other Family Income |  |  |  |  |  |

We certify these figures to be a complete and accurate report of our total family income.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Father/Guardian Signature |  | Mother/Guardian Signature |  | Applicant Signature |

# Additional dependents

Applicant’s dependents (if applicable) or additional dependents of parents (only if parents filled out the information above).

|  |  |  |
| --- | --- | --- |
| Name | Age | Relationship to Applicant |
|  |  |  |
|  |  |  |
|  |  |  |

To the best of my knowledge, the information contained in this application is correct.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant Signature | Date |  |

**Deadline: April 15**

Mail or email to:

Attention to: Claire Herland

PO Box 6001

Grand Forks, ND 58206-6001

claire.herland@alerus.com