

# ESAND

125 Slate Drive, Suite 7  
Bismarck, ND 58503

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## MEMBER DEPENDENT SCHOLARSHIP APPLICATION FORM

### ESAND Member Information

Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Candidate Application Form

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last GPA: \_\_\_\_\_ High School/College Graduation Date: \_\_\_\_\_

College/University you will be attending at the time the scholarship is awarded (after October 31):

\_\_\_\_\_ (phone # of registrar's office)

\_\_\_\_\_ (address, city, state, zip)

List of Community (non-school) activities, including any offices held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List school extra-curricular activities, including athletics, music, etc., and any offices held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic Awards and Honors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

