



120 S Broadway  
PO Box 630  
Pelican Rapids, MN 56572  
218.863.2811 or 800.786.7573

*\*ELIGIBILITY: Applicant must be a senior and desire to further their education after high school.*

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

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

Parent's Names: \_\_\_\_\_ Phone Number: \_\_\_\_\_

High School GPA: \_\_\_\_\_ High School Rank: \_\_\_\_\_

College Major: \_\_\_\_\_

Name and address of College you plan to attend:

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

Please add a paragraph describing your academic and career goals: \_\_\_\_\_

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