

**Frances E. Eide Memorial Nursing Scholarship**

**Who can apply:**

1. A graduate of Lincoln, Goodridge, or Grygla-Gatzke High Schools

2. Must be enrolled in a nursing program on a full-time basis

3. Must indicate financial need

4. Student must maintain at least a 2.0 GPA or above

Two $1,500 scholarships will be awarded and paid directly to the schools second semester.

**Deadline To Apply: March 12th, 2024**

**How To Apply:** Complete the application form, attach a copy of your current transcript and return application directly to:

Thief River Falls Education Foundation

230 LaBree Avenue South

Thief River Falls, MN 56701

This application is also available online at [www.trfeducationfoundation.com](http://www.trfeducationfoundation.com). You may complete it online and email it to the Foundation office. By typing your name in the signature line you officially indicate your agreement and give your consent to all the terms and conditions of the Thief River Falls Education Foundation Scholarship Program.

**Application Review:** The Scholarship Committee of the Thief River Falls Education Foundation will review all applications. Awards will be identified in May.

For more information, contact the Thief River Falls Education Foundation, 230 LaBree Avenue South, Thief River Falls, MN 56701, phone 218-681-8711, or email [foundation@trfeducationfoundation.com](mailto:foundation@trfeducationfoundation.com).

The Thief River Falls Education Foundation is a 501(c)(3) nonprofit organization.

***Promoting Excellence in Education***



**Eide Scholarship Application**

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| PERSONAL INFORMATION | | | | | | | | |
| LAST name | | | FIRST name | | | | MIDDLE initial | |
| Street | | | | | City | State | | Zip |
| Home Telephone | Other Telephone | | E-Mail | | | | | |
| Parent/Guardian | | | | | | | | |
| Graduation Date | | School Planning To Attend | | | | | | |
| School Address | | | | | City | State | | Zip |
| Applied: \_\_\_\_\_Yes \_\_\_\_\_ No | | | | Accepted: \_\_\_\_\_Yes \_\_\_\_\_ No | | | | |
| Planned Field of Study | | | | | | | | |
| High School Attended | | | | | | | | |

What future educational, occupational, and personal goals do you have? Be specific.

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**ACTIVITIES** in which you have participated in and **HONORS** which you have received during grades 9-12.

**School**:

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**Community**:

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**Work Experiences:** (or other time-consuming responsibilities)

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**ESSAY:** Please answer in the space provided.

Describe a meaningful school or community service activity in which you have participated. How did this activity benefit others and how did it benefit you?

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Please take this opportunity to elaborate further about your family and financial situation, and any other information you desire in order to help the committee in evaluating you as a candidate for this award.

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I understand acceptance of this scholarship obligates me to commence and complete the year of study contemplated in this application, unless good cause for not doing so can be shown, and I agree to contact the Thief River Falls Education Foundation upon the completion of the school year regarding my scholastic achievements. I also give permission to the school/college to provide academic information to the Foundation relating to my grade point average and credits completed.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Thief River Falls Education Foundation provides equal opportunity. Scholarships will be reviewed without reference to race, creed, color, religion, sex, age, national origin, disability or marital status of the persons involved.