

HELEN GOUGH
SCHOLARSHIP FOUNDATION
SINCE 1965

Application Form

Failure to fully complete the application form may result in delays in processing this application or make it impossible to process at all. Please type or print clearly.

Name: _____

Address: _____

Social Security #: _____ Phone #: _____ Email: _____

Date of Birth: _____ Marital Status: _____ Single _____ Married

Name and address of high school attended: _____

Number of Dependents: _____ Graduation/GED Date: _____

I hereby certify that I have gained admission to:

Name of college/University: _____

Address: _____

Expected Degree: _____ AA _____ BA _____ BS _____ MA _____ Other

To complete the Helen Gough Scholarship application process you must submit:

New Applicant

- The completed application form
- High School transcript
- College letter of acceptance
- Proof of membership with the Three Affiliated Tribes (1/4 Blood Quantum)
- THREE recommendations from adults not related to you

Continuing Applicant

- Application form
- Current college transcript

RETURN ABOVE ITEMS BY JUNE 1ST TO:

Higher Education Grant Program

404 Frontage Road

New Town, ND 58763

(701) 627-4112 Fax (701) 627-2295

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****RELEASE OF GRADES FORM****

I hereby authorize the release of transcripts/grades that I earn while a student at this institution to the Mandan,
Hidatsa & Arikara Nations office of Higher Education for the purpose of financial assistance.

I further authorize the release of other information as it relates to my attendance and progress in the courses in which
I am enrolled.

NAME AND ADDRESS OF ATTENDING INSTITUTION

ACADEMIC YEAR: _____ TO _____
(PLEASE CIRCLE ONE OR MORE THAT APPLY)
FALL WINTER SPRING SUMMER

PRINT NAME: _____

STUDENT SIGNATURE: _____

SOCIAL SECURITY NO.: _____

DATE: _____

*****IMPORTANT NOTICE*****

IT IS THE STUDENTS RESPONSIBILITY TO PAY ANY FEES ASSOCIATED WITH THE SENDING OF TRANSCRIPTS TO THE OFFICE OF
HIGHER EDUCATION AS IT RELATES TO FINANCIAL ASSISTANCE.

PLEASE FORWARD THE REQUESTED INFORMATION TO:

Higher Education Grant Program

404 Frontage Road

New Town, ND 58763

(701) 627-4112 Fax: (701) 627-2295

Helen Gough Scholarship Foundation
RECOMMENDATION

STUDENT NAME: _____ SOCIAL SECURITY #: _____

APPLICANT: There are three copies of this form. YOU WILL NOT GET THESE FORMS BACK; Please complete the form as soon as possible and mail to the Foundation Committee Chairman to the following address by June 1st: Martha Hunter, Higher Education Grant Program, 404 Frontage Road, New Town, ND 58763

TO THE RECIPIENT OF THIS FORM: You have been asked to evaluate a Native American applicant who is applying for a Helen Gough Scholarship. ALL information that you furnish will be considered confidential.

We thank you very much for your time and effort and particularly for your interest in the above named applicant.

DO NOT RETURN THIS SHEET TO THE APPLICANT: MAIL IT TO THE ADDRESS ABOVE ONLY!

1. How long have you known the applicant? _____
2. Is the applicant related to you? _____
3. Do you feel the applicant is willing to put in the time and effort required for college training?

4. In your opinion, is the applicant desirous of further training?

5. Do you feel that the applicant will finish the college course? _____

PLEASE CHECK THE APPROPRIATE COLUMN YOU WOULD ASSIGN TO THE QUALITIS BELOW:

	Superior	Very Good	Average	Poor
Scholastic Ability				
Promptness & Attendance				
Intellectual Curiosity				
Courtesy				
Integrity				
Cooperation				
Dependability				
Leadership				
Social Attitude				
Emotional Control				
Judgment				
Vocabulary				
Energy				
Initiative				
Health				
Citizenship				
Conduct (In & Out of Schools)				

SIGNED: _____
TITLE: _____
DATED: _____

NOTE: If already in college/University, you may ask any adult not related to you to fill out this recommendation.

Helen Gough Scholarship Foundation
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