

## **ANNOUNCING...**

## **2014 SCHOLARSHIPS**

The Education Minnesota - OSSEO Flora Rogge Memorial Scholarship Committee is pleased to announce the availability of two (2) \$1,000 scholarships to be used for college or vocational education in Minnesota or states with reciprocity.

### QUALIFICATIONS

The applicant must be a graduating senior of Maple Grove Senior High, Osseo Senior High, Park Center Senior High, Osseo Alternative Learning Center, or a graduating dependent of a District 279 employee.

The applicant planning on attending a college or vocational school must have maintained a 3.0 grade point average, a "B", or better during grades 10, 11, and 12.

The applicant must attend a Minnesota college or vocational school or a school in states with reciprocity.

### INTENT

The scholarship is provided to assist students in the pursuit of their academic or vocational advancement. The scholarship is to be used for tuition and related fees.

### AWARDS BASED ON

1. Completed application received by March 28, 2014.
  2. Recommendations
  3. Academic achievement
- Committee decisions are final.

### APPLICATIONS (Applications will not be accepted if hand written.)

Applications will be available in the Career Resource Center at Maple Grove Senior High, the Career Resource Center at Osseo Senior High, the Career Learning Center at Park Center Senior High, the Career Resource Center at the Osseo Alternative Learning Center, and at Education Minnesota – OSSEO office, 10200 73<sup>rd</sup> Ave. N., #126, Maple Grove, MN 55369. An on-line version can be e-mailed to you also by contacting [linda.schugg@edmn.org](mailto:linda.schugg@edmn.org).

### DEADLINE DATE

Applications must be filled out and received by the Scholarship Committee, Education Minnesota - OSSEO, 10200 73<sup>rd</sup> Ave. N., #126, Maple Grove, MN 55369, by **March 28, 2014.**

### INFORMATION

Further information and details may be obtained from the Scholarship Committee, Education Minnesota - OSSEO. Please phone (763) 315-3416 for additional information.

# \_\_\_\_\_  
Committee Use Only

**Application for the Education Minnesota - OSSEO  
FLORA ROGGE MEMORIAL SCHOLARSHIP**

Check all that apply:

- I am a student at \_\_\_\_\_ Maple Grove Senior High School.  
I am a student at \_\_\_\_\_ Park Center High School.  
I am a student at \_\_\_\_\_ Osseo Senior High School.  
I am a student at \_\_\_\_\_ Osseo Alternative Learning Center.  
I am a \_\_\_\_\_ dependent of a District 279 employee.

Parent (Guardian) Name \_\_\_\_\_ Building Where Employed \_\_\_\_\_

1. Applicant's Name \_\_\_\_\_  
Last First (Full) Middle

2. Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

3. COMPLETE IF YOU ARE A DISTRICT 279 EMPLOYEE'S DEPENDENT **BUT ATTENDING ANOTHER** SCHOOL:

School You Attend \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

4. My grade point average for grades 10, 11, and 12: \_\_\_\_\_  
This information needs to be verified on the enclosed waiver form.

**I plan on attending** \_\_\_\_\_

RECOMMENDATION LETTERS-APPLICATION INFORMATION

5. Recommendation letters, two from teachers and one from another individual, not a relative, should be sent with the application. However, if a person writing a recommendation wishes to mail the recommendation directly to the Scholarship Committee, s/he should be encouraged to do so before the deadline, March 28, 2014. The individual writing the recommendation needs to sign and seal the recommendation. IT IS THE RESPONSIBILITY OF THE APPLICANT TO SEE TO IT THAT ALL RECOMMENDATIONS ARRIVE BEFORE THE DEADLINE!
6. Complete the application questions. The appearance, structure, style and contents are important.
7. Send completed application with related documents or sealed recommendation letters in one, 8 1/2 x 11 inch envelope to the Scholarship Committee, Education Minnesota - OSSEO, 10200 73<sup>rd</sup> Avenue North, #126, Maple Grove, MN 55369.
8. It is the applicant's responsibility to make sure all materials are submitted on or before the deadline.
9. I certify that the information given in my application is factual and correct.

\_\_\_\_\_  
Signature of student

\*If all information is not completed, the application will not be processed.

Applicant Name \_\_\_\_\_ # \_\_\_\_\_  
Committee Use Only

APPLICATION FOR THE  
FLORA ROGGE MEMORIAL SCHOLARSHIP

**Please type the following questions anonymously without any direct reference that would reveal your name to the scholarship review committee. (Your name will be deleted from the top portion once your application materials are compiled.)**

1.- (30 Points)

Describe your personal goals. Include short term (in the next 4 years) goals and long term (when you complete your education) goals. Please include the school you will be attending. Relate what you have done, are doing and expect to do to accomplish these goals.

2. (30 Points)

How do you feel your future career will help, influence or impact society?

3. Part A. - (5 Points)

Describe or list the high school activities in which you are or have been involved.

Part B. - (5 Points)

Describe or list your community, church or other out of school activities.



Applicant Name: \_\_\_\_\_  
(Deleted after forms compiled)

# \_\_\_\_\_  
Committee Use Only

RECOMMENDATION FORM  
FLORA ROGGE MEMORIAL SCHOLARSHIP

Please answer the following questions as completely as possible. **DO NOT REFER TO THE APPLICANT BY NAME IN YOUR RESPONSES.** Sign this form when completed and place in a sealed envelope. If the applicant asks you to return this form to the committee, s/he should give you a stamped, addressed envelope. Please return prior to midnight, March 28, 2014. **BE SURE TO MEET THIS DEADLINE OR THE STUDENT'S APPLICATION WILL BE DISQUALIFIED.**

5. Describe the applicant's outstanding attributes or special skills:

6. Use an example to illustrate this applicant's ability to achieve a goal:

7. Please explain the length/extent of contact you have had with the applicant:

8. Add any other comments that you feel would interest the selection committee:

Signature: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(Deleted after forms compiled)

# \_\_\_\_\_  
Committee Use Only

RECOMMENDATION FORM  
FLORA ROGGE MEMORIAL SCHOLARSHIP

Please answer the following questions as completely as possible. **DO NOT REFER TO THE APPLICANT BY NAME IN YOUR RESPONSES.** Sign this form when completed and place in a sealed envelope. If the applicant asks you to return this form to the committee, s/he should give you a stamped, addressed envelope. Please return prior to midnight, March 28, 2014. **BE SURE TO MEET THIS DEADLINE OR THE STUDENT'S APPLICATION WILL BE DISQUALIFIED.**

9. Describe the applicant's outstanding attributes or special skills:

10. Use an example to illustrate this applicant's ability to achieve a goal:

11. Please explain the length/extent of contact you have had with the applicant:

12. Add any other comments that you feel would interest the selection committee:

Signature: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Flora Rogge**  
**Memorial Scholarship Committee, Inc.**  
**% Education Minnesota - OSSEO**  
**10200 73<sup>rd</sup> Avenue North, Suite #126**  
**Maple Grove, MN 55369**

Directions to the Applicant: Please read the following waiver and verification request and obtain the appropriate signatures.

**WAIVER**

I hereby give permission for the school to release cumulative grade point averages that may be necessary to the Flora Rogge Memorial Scholarship Committee.

\_\_\_\_\_  
Signature of applicant

**VERIFICATION REQUEST**

This verifies that \_\_\_\_\_ has obtained a grade point average  
(applicant's name)  
of \_\_\_\_\_ for the three-year cumulative grades: 10, 11, and 12.

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Position