Fred Petersen Memorial Scholarship

Submit application to:
MVHS Counselor

Scholarship Amount: **$ 500.00**
Application Deadline: **2nd Friday in April**

Applicant Information

Name _____ **Today's Date** (mm/dd/yyyy) _____

Cumulative GPA _____ **Composite ACT® Score** _____ **Phone Number** _____ **E-mail Address** _____

Explain a challenge or struggle you've incurred in your life and the positive way you handled it. *(Approximately 1,000 characters, or attach sheet)*

How could you help a person with their own challenge that would lead to positive growth? *(Approximately 1,000 characters, or attach sheet)*

Disclaimer and Signature

*** Print this application to sign, date and submit as indicated above. ***

I certify that the above information disclosed in this application is true and accurate to the best of my knowledge. I agree to abide by the decision(s) of the scholarship committee, and understand that decisions are final and not open to contest. A false statement, alteration or omission of pertinent information from this application will be considered just cause for removal of application from scholarship consideration.

Signature _____ Date: _____