

**LOIS AND ROGNAR ALBERT PETERSON SCHOLARSHIP APPLICATION
FORM**

Name: _____

Email: _____

Address: _____

Parents' Names (if under 21) _____

Name and location of the school you plan to attend _____

Type of program you plan to enroll in _____

Current High school cumulative grade point average _____

College Student Cumulative grade point average _____

Why do you think you should be awarded this scholarship?

Current high school students attach a letter of acceptance from the school you plan to attend. If you are a college student, please attach a current transcript.

Date _____

Signature _____

This application must be turned in by April 15.