

Hibbing Curling Club

PO Box 357

Hibbing MN 55746

curling@hibbingcurling.com

www.hibbingcurling.com

SCHOLARSHIP INFORMATION

Dear Applicant:

The Hibbing Curling Club is offering a scholarship. The scholarship applicant:

- Must be a graduating High School Senior
- Must be enrolled in a college or university program for the following fall

Selection Procedure

The Hibbing Curling Club Board will serve as the Scholarship Committee. The Scholarship Committee's decision is final. All scholarship matters are decided using a majority rule. Scholarship award recipients will receive a letter notifying them of the monetary award in May. Scholarship applications will be evaluated based on information provided by the applicant. Applicant preference will be given to current Hibbing Curling Club members or children, grandchildren, or dependents of current Hibbing Curling Club members.

Application Procedure

Applications are available from the Hibbing Curling Club website, from the Hibbing Curling Club, or by email request (curling@hibbingcurling.com). Scholarship applications must be submitted to the Hibbing Curling Club or postmarked no later than April 30th and should be mailed to the above address.

Scholarship Award

The total amount of scholarship(s) awarded will not exceed \$500.

Sincerely,

Hibbing Curling Club Board
curling@hibbingcurling.com

**HIBBING CURLING CLUB
SCHOLARSHIP APPLICATION**

Name _____ Date _____

Home Address _____
Street City State Zip Code

Email Address _____

Date of Birth _____

Education	Name of School, Location	Dates Attended
High School	_____	From _____ to _____

What college or university do you expect to attend next year?

Name Address

Expected Program or Major Field _____

Other Scholarship Awards

Work Experience

Name of Employer	Address	Job Title	Dates
_____	_____	_____	_____
_____	_____	_____	_____

Special Awards

List any special awards or honors you have received from school or community activities:

Activities

Please name all school, community, or organizations of which you are a member:

Name of Organization	Role	Years Active
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent, grandparent, or guardian information

Name Relationship

Street City State Zip Code

Is your parent, grandparent, or guardian a current Hibbing Curling Club Member? **Yes** or **No** (circle one)

