

FRIENDS OF THE HENNEPIN CANAL Scholarship Application 2025

Student Full Name		Birthdate
Address		
Phone	Email	
Names of Parents or Guardia	ns	
Name of High School		
Class of	Weighted GPA	Unweighted GPA
	with assistance from counselor if	
		_ and/or SAT Score
Leadership Activities		

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Student Name	
Community Service	
Honors & Awards	
Work Experience	
School You Plan to Attend	
Please submit the following with this application:	
• A high school transcript	
• A letter of recommendation from a teacher or counselor	
 A second letter of recommendation from a teacher or adult who knows the applicant th service or extracurricular activities 	nrough work, church, sports, community
· A short essay (100 words or less) to describe applicant's career objectives (on a separate	piece of paper)
 A short essay (100 words or less) about how the Hennepin Canal has been an important (on a separate piece of paper) 	part of applicant's life
Return of this signed application indicates the sincere intent of the student to pursue a collegone semester of 2025. Applications will not be returned, and late applications will not be consider student and parent/guardian both acknowledge the decision of the scholarship committee to other required documents to the address below with a postmark no later than April 1, 2025, for	ed . Signatures also indicate that the be final. Please return application and
Signature of Student	Date

Please submit to: Friends of the Hennepin Canal Attn: Scholarship Committee P.O. Box 147, Ladd, IL 61329 Date

Signature of Parent or Guardian