



## St Louis County Mineral Royalties Scholarships

Scholarships range from \$500-\$2000 for the 2021/22 academic year

**Eligibility Criteria:** Recipients must have received a high school diploma or equivalent while they were a resident of St. Louis County. Preference will be given to students pursuing educational pathways in designated degree programs that may lead to direct employment opportunities within St. Louis County. To be eligible students must be enrolled in a minimum of 6 credits per semester.

**\*\*Deadline Date: Monday, September 20, 2021\*\***

<b>APPLICANT'S NAME:</b>		
<b>PERMANENT ADDRESS:</b>	<b>CITY/STATE:</b>	<b>ZIP:</b>
<b>CELL PHONE:</b>		
<b>EMAIL ADDRESS:</b>		
<b>ANTICIPATED FIELD OF STUDY:</b>		
<b>DO YOU PLAN TO ATTEND AS A FULL TIME STUDENT: YES NO</b>		
<b>COLLEGE START DATE:</b>	<b>COLLEGE PROJECTED COMPLETION DATE:</b>	
<b>HIGH SCHOOL/CITY &amp; STATE:</b>		
<b>HIGH SCHOOL GRADUATION OR GED COMPLETION DATE: / /</b>		
<b>DID YOU RESIDE IN ST LOUIS COUNTY WHEN YOU GRADUATED? YES NO</b>		

In the Fall, I will be:       \_\_\_ new to college  
  \_\_\_ a returning college student  
  \_\_\_ other please specify:

Do you intend to apply for financial aid? Yes    No

Please describe below any financial circumstances that you wish to share.

**PLEASE ANSWER THE QUESTIONS ON THE BACK SIDE OF THIS PAGE**

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PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

1. Briefly describe your educational goals at this institution.
  
  
  
  
  
  
  
  
  
  
2. What are your career aspirations after you graduate from college?

I certify that the information provided in this scholarship application is correct to the best of my knowledge and that I am currently or intend to be enrolled as a student.

SIGNATURE:	DATE:
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**RETURN THIS FORM TO:**

**HIBBING  
ADMISSIONS  
1515 EAST 25<sup>TH</sup> STREET  
HIBBING MN 55746  
[admissions@hibbing.edu](mailto:admissions@hibbing.edu)  
218-262-7292**

### NON DISCRIMINATION STATEMENT

No person shall, on the grounds of race, color, national origin, creed, religion, gender, marital status, sexual orientation, status with regard to public assistance, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination while under consideration to receive a scholarship.

*For College Admissions Office Use:*

Approval \_\_\_\_\_ Award Amount \_\_\_\_\_ Date \_\_\_\_\_ Tech ID \_\_\_\_\_