

Financial Aid Office 701-766-2370

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Synod of Lakes and Prairies Racial Ethnic Student Scholarship

Name:	
Address:	
Phone:	THE COURTS IN
Gender:	
Tribal Affiliati	ion:
Do you plan to	o earn a bachelors degree?If yes, where?
Declared Majo	or: Cumulative GPA:
Number of cre	edits enrolled in: Year in college:
Student State	ement *You must attach a student statement that includes the following Information: Education/career goals and school/community involvement and leadership roles.
	*
Signature:	Date: