

## **North Dakota Association of the Blind Emma Skogen Scholarship Fund**

Emma Skogen remembered NDAB with a special bequest in her will to the North Dakota Association of the Blind. It was decided by the executive board that a scholarship fund be set up in her memory for students who are blind or visually impaired and in need of financial assistance. NDAB has established the Emma Skogen Scholarship Fund and welcomes applications.

### **WHO IS ELIGIBLE?**

Applicants must be 18 or older and attending a vocational or trade school. Applicants must have a financial need of a scholarship.

Applicants must submit an application form to the NDAB Scholarship Committee.

Included in this application must be information describing what you plan to study, where (include full address) and when. Please indicate related fees, your long-term career goals, or community activities, and your financial need. Attach to the application a copy of your latest grade transcript and a letter of recommendation (written by teacher, youth leader, or someone else not related to you, but who knows you well) describing your character and abilities.

The NDAB Scholarship Committee will award one \$1000 scholarship annually. The grant awarded will be made payable to the student. A student can be awarded a maximum of one scholarship.

Final selection of the scholarship winner will be made by the NDAB Scholarship Committee and announced at the annual North Dakota Association of the Blind Convention in June.

The scholarship will be awarded upon proof of full time enrollment in a vocational or trade school.

Some of the criteria for final selection are:

- Financial Need
- Clarity of Study Plan
- Long-term Career Goals
- Grade-point Average
- Letter of Recommendation
- Extracurricular Involvements

**DEADLINE FOR APPLICATIONS:**

Applications must be post-marked no later than March 15th each year.

**APPLICATIONS MUST BE SENT TO:**

NDAB Scholarship Committee  
C/O Tracy Wicken, Scholarship Committee Chairperson  
733 Dawn Circle  
Grand Forks, ND 58203

**NORTH DAKOTA ASSOCIATION OF THE BLIND  
EMMA SKOGEN SCHOLARSHIP APPLICATION**

To apply for the Emma Skogen Scholarship, send completed application and attachments, no later than March 15, 2025, to:

North Dakota Association of the Blind  
Tracy Wicken, Scholarship Committee Chairperson  
733 Dawn Circle  
Grand Forks, ND 58203

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (day): \_\_\_\_\_

Phone Number (evening): \_\_\_\_\_

E-mail: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address to which correspondence should be sent (if different from above):

\_\_\_\_\_  
\_\_\_\_\_

Phone Number (day): \_\_\_\_\_

Phone Number (evening): \_\_\_\_\_

The criteria by which the candidates are evaluated are:

- 1) Financial need (Describe and give as much detail as possible when you indicate cost of program with your ability to pay.)
- 2) Statement of education and career goals
- 3) Involvement in school and community activities
- 4) Other, e.g., work experience.

Please complete the following information requested (attach extra sheet of paper, if necessary) and attach:

- a) An official copy of your latest grade transcript,
- b) A letter of recommendation (written by teacher, youth leader) describing your character and abilities.

My cumulative grade point average: \_\_\_\_\_

High School Grade Point Average: \_\_\_\_\_

College Grade Point Average: \_\_\_\_\_

If you are on a scale other than 4.0, please indicate: \_\_\_\_\_

School Which You Plan To Attend In Fall 2025:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Financial need must be stated:

Cost of Program: \$ \_\_\_\_\_

Ability to Pay: \$ \_\_\_\_\_

Gap to be made up: \$ \_\_\_\_\_

Comments (Describe and give as much detail as possible):

\_\_\_\_\_  
\_\_\_\_\_

I plan to study: \_\_\_\_\_

\_\_\_\_\_

My long-term career goals are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have been actively involved in the following school and community activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I am currently working: \_\_\_\_\_ Yes \_\_\_\_\_ No

I am planning to work while pursuing my studies: \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_