

Donald H. Arvold Freshmen Scholarship Application

Minnesota Acacia Fraternity Alumni Association
398 3rd Avenue South, Saint Cloud, Minnesota 56301
UP TO \$2000

Name: _____ Birthdate: _____

Campus Address: _____

Home Address, City, State, Zip: _____

Phone: _____ E-Mail: _____ SCSU ID#: _____

Name of Parents or Guardians: _____

Academic Information

(ALL INFORMATION WILL BE KEPT CONFIDENTIAL)

ACT	Eng/Writ	Math	Reading	Science	Cumlitive	High School: _____
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	H.S. GPA (& Scale): _____
SAT	Eng/Writ	Math				Intended Major: _____
	<input type="text"/>	<input type="text"/>				Expected Grad. Date: _____
						Prev. Semester GPA: _____

Activities Information

Honors Courses Taken: _____

Extracurricular: _____

Community: _____

Honors and Awards: _____

**Please describe your goals at St. Cloud State University on a separate page.
Include comments on other hobbies, involvements, and interests.**

I hereby certify that, to the best of my knowledge and belief, the above information and that attached hereto is true and correct.

Please return completed application and goals to:
Scholarship Selection Committee
Acacia Fraternity
398 3rd Ave South
Saint Cloud, MN 56301

Signature: _____

Or email: scholarship@acacia-scsu.org