

# 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)

<b>ACT</b>	Eng/Writ	Math	Reading	Science	Cumlitive
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>SAT</b>	Eng/Writ	Math			
	<input type="text"/>	<input type="text"/>			

High School: \_\_\_\_\_

H.S. GPA (& Scale): \_\_\_\_\_

Intended Major: \_\_\_\_\_

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](mailto:scholarship@acacia-scsu.org)