



Altrusa International Club of Duluth, Mn 2025 Scholarship Guidelines

1. One scholarship in the amount of \$1,000.00 will be awarded.
2. Applicant is a current community volunteer
3. Applicant is a high school senior at Duluth Denfeld, Duluth East, Hermantown or Proctor High School
4. Applicant must be in good academic standing and have at least a 3.5 G.P.A. (a copy of the applicant's unofficial transcript must be submitted with the application).
5. The scholarship recipient will be chosen based on their response to "briefly describe how your volunteer experience has impacted your life".
6. Application deadline is Monday, April 21, 2025.
7. The scholarship check will be made out to the school where the applicant is enrolled and sent to the student upon receipt of registration documents.

"Altrusa believes it is not enough to be good; Altrusans must be good for something. Each member must be doing the piece of work that is hers in a way that puts her in the front ranks of accomplishment."

**Mamie L. Bass, First President of Altrusa
Principles of Altrusa**

Altrusa International Club of Duluth, MN SCHOLARSHIP APPLICATION

Name of Applicant _____
(Last) (First) (Middle)
(Please print)

Present Address _____ Tel _____
_____ Zip _____

The Altrusa scholarship is open to a high school senior in a Duluth High School (Denfeld, East, Hermantown or Proctor) or any student who is presently enrolled or will be attending any Duluth college or vocational school.

High School _____
College/Vocational School _____

Present major field of interest _____ Course Length? _____
Have you made application to this school? _____ Been accepted? _____

Scholarships are awarded on the basis of volunteer commitment, high character, and demonstrated leadership, as indicated in this application and the credentials submitted in support of it. Financial need is not a requirement. Read the Instructions on the next page carefully so that you understand what is required.

INSTRUCTIONS

1. Complete this application by the date designated in the instructions.
2. Request your counselor to prepare a copy of your academic record through the first semester of your senior year with standard test scores.
3. Two (2) references are required. One must be from a classroom teacher; the second may be from another teacher, a home room teacher, activity advisor, or a counselor.
4. Please return this application, your academic record, and the completed references to:

Diane Kettelhut
Altrusa Scholarship Chairperson
113 Mitchell Circle
Duluth, MN 55811

REFERENCES

Identify the individuals who will be providing references

1. Classroom teacher _____ Subject _____
2. _____ Position _____

If you are currently applying, or intend to apply, for any other scholarships, or for any type of financial aids or grants, please list them here:

PERSONAL AND FAMILY INFORMATION

Your age _____ Date of birth _____ Place of birth _____

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Number of children in the family _____ Your position in the family _____ (1st, 2nd, 3rd, etc.)

If you have had employment on a regular basis, list:

Employer (Person or Organization)	Type of Work	Dates	Hours per week
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_____	_____	_____	_____
_____	_____	_____	_____

Explain any unusual circumstances at school or at home which may have influenced your academic record in any way. If your schooling has been interrupted for any reason, please explain the circumstances.

Which high school subject(s) do (did) you enjoy the most?

List ALL activities and organizations in which you are now or have been an active participant:

In High School:

Name of the Organization	Dates of Participation	Offices Held

In Church, Community, etc.

List ALL honors, prizes or special recognitions you have received during high school years – be sure to include any academic honors.

Organization conferring the Honor	Specific Honor	Date

Briefly describe how your volunteer experience has impacted your life.

Provide a brief description of yourself.

By signing this document, I grant permission to the school to release my transcript and test scores to the Altrusa Scholarship Committee.

Date _____ Signed _____
(Signature of the Applicant)

If you are under 18, a parent must sign:

I hereby request _____ High School to provide copies of the transcript and test records of my son/daughter _____ to the Altrusa Scholarship Committee.

Date _____ Signed _____
(Signature of the Applicant's Parent)

**Altrusa International Club of Duluth, MN
SCHOLARSHIP RECOMMENDATION**

Student's Name _____

Address _____

High School _____ **Graduation Year** _____

Please rate the applicant on a scale of one (low) through five (high)

	1	2	3	4	5
Scholarship					_____
Leadership					_____
Character					_____
Commitment to schoolwork	_____	_____	_____	_____	_____
Ability to think critically	_____	_____	_____	_____	_____
Intellectual curiosity	_____	_____	_____	_____	_____
Respect from students and faculty	_____	_____	_____	_____	_____

Principle strength of the applicant _____

Please share with the Altrusa Scholarship Committee any information about this applicant which singles him/her out in your mind as one to whom you would or would not award a scholarship.

Signature

Date