

Algonquin Youth Activities Association

SCHOLARSHIP APPLICATION FORM

Please submit completed application to:
AYAA, P.O. Box 330, Hibbing, MN 55746 | algonquinyouthactivities@gmail.com

Deadline for application: March 31, 2025

BIOGRAPHICAL INFORMATION

Name				
Address				
City	State	Z	Cip	
Phone		Е	Birth date	
E	DUCATION EX	XPEI	RIENCE	
Class status next fall:	Cumulative GPA	λ:	Expected Graduatio	n Date:
Major(s) (if known):				Undecided
Career Choice (if known):				
EXTRA CURRIC				
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In a letter, describe how your educe how your education will help you. When applying for the AYAA Sch	address your social concern nolarship, be sure you hav	ns and m	ake a contribution to you	ir community.
Recommendation #1 (from a f	aculty member)			
High school transcript Letter describing education go	oals and plans for the futur	e.		
	CERTIFIC	ATI	ON	
I certify that the information on the	his application is true and o	correct.		
Signature				Date