

VALLEY CITY STATE UNIVERSITY
PL Foss Memorial Scholarship
Cal Foss Memorial Scholarship

Today's Date: _____

Full Name: _____
(Last) (First) (MI) (Maiden)

Home Address: _____
(Street)

(City) (State) or (Country) (Zip)

Major GPA: _____ Anticipated College Graduation Date: _____

Class Rank: (Please circle) High School Senior Freshmen Sophomore Junior Senior

List activity participation, during high school:

List activity participation, during college:

Write a brief statement of your career goal:

Applicant's Signature: _____

Please submit completed applications by February 15th to:

Student Financial Aid Office
Valley City State University
101 College Street SW
Valley City ND 58072