

The *Inver Grove Heights Scholarship Program* announces the 2023 Carol Swenson Memorial Scholarship Award. One (1) \$2,000 scholarship will be awarded to someone who has been involved with the *Inver Grove Heights Scholarship Program* as a candidate and/or member of the royal family.

Carol Swenson was a loyal, hard-working, and dedicated member of her community. In 1983, she started the South St. Paul Kaposia Days Scholarship Program and founded the Inver Grove Heights Royalty Program in 2007. She served as coordinator for both of these programs for multiple years as well as starting the pre-parade parties and kickoff dinners for both. Carol served on the Saint Paul Winter Carnival's board for over 30 years, working with and coordinating 7 Royal Families, working as President of Ambassadors, as well as coordinating the coronation dinner for 25 years. In 2006, Carol and her husband Dan received the Sal and Francesca LoBaido Volunteer Service Award, having shown a long term commitment and dedication to the Saint Paul Winter Carnival. Words of advice that Carol would offer young women today are "Be honest and faithful and never take credit that belongs to other people."

The scholarship will be awarded to an individual who represents the ideals that Carol valued and demonstrated throughout her life.

Guidelines & Priorities

- Seeking graduating seniors or current undergraduate students previously involved in the *Inver Grove Heights Scholarship Program* with an on-going record of volunteerism in their communities.
- Applicants must plan to attend a two (2)-year community college or four (4)-year college or university.
- Scholarship funds will be paid directly to the college, not the student. The scholarship funds will be issued to the college or university upon receiving a certificate of enrollment for the fall semester, which includes the Student ID number and Financial Aid Office address.
- Applications that include a letter of recommendation from a teacher, volunteer organizer, or other community figure are preferred, but not required.
- Completed applications must be received by the *Inver Grove Heights Scholarship Program* no later than July 31st, 2023. Late applications will not be accepted.

Mail one copy of a completed application to:

(This includes the letter of recommendation if applicable)

Carol Swenson Scholarship Committee c/o Inver Grove Heights Scholarship Program P.O. Box 2141 Inver Grove Heights, MN 55076

The applications will be reviewed, and recipients selected by the Carol Swenson Scholarship Committee. The scholarship with be awarded August 16th, 2023, during the Candidate Kick-Off Dinner. A formal invitation will be sent, and the scholarship winner should plan to attend.

Please submit any questions to: [email address]



2023 Scholarship Application

			Appl	icant Informatio	n		
Full Name:						Date	e:
Last	First			M.I.	(MM/DD/	YYYY)	
Preferred	Pronouns:	She/Her	He/Him	They/Them	Ze/Zir	Other:	
(Circle all t	hat apply)						
Address:							
	Street Addres	SS				Apartn	nent/Unit #
	City					State	Zip Code
Phone:				Email:			
	_	Pare	nt/Guardian	Information <i>(Ui</i>	nder 18 only	·)	_
D(C	1: N.						
Parent/Gua	irdian Name	:					
Phone:				Email:			
				Education			
High School	l Education						
					_		
High School) Attended:				Fro	m	to
Please prov	vide a writte	n statemen	t about vou	ır past commui	nity involve	ment:	
ricase prov	ride a Writte	ii statemen	i about you	ii past comma	inty involves	THOTIC.	



College/Ur	niversity Education		
College/U	niversity Attending:		
Address:			
	Street Address		
Major/Min	City nor(s):	State Expected Gradua	Zip Code tion Date:
	ou involved in your college community? (•	
_			
What are y	your academic and/or career goals?		





Inver (Grove Heights Scholarship Program Inv	volvement
Year(s) of Candidacy Participation	on:	
Check the box(es) for each divis	sion you participated in:	
☐ Miss/Mister IGH	☐ Junior Miss/Mister IGH	☐ Little Miss/Mister IGH
What was your favorite memory Program?	r from being involved in the Inver G	rove Heights Scholarship
_		
How did your candidacy benefinostriction in this program?	t you? What did you learn about yo	ourself and others from being
<u> </u>		
	ny, volunteer work have you been i	nvolved in? Why did you
participate in this work?		





Statement of Accuracy

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship winner, my picture may be taken and used to promote the Inver Grove Heights Scholarship Program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to the Inver Grove Heights Scholarship Program policy, I will try to be present at the Candidate Kickoff Dinner on August 16^{th} , 2023 to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, according to Inver Grove Heights Scholarship Program policy, it is my responsibility to submit to the Inver Grove Heights Scholarship Program, no later than [date], a certificate of enrollment for the fall semester, which includes the Student ID number and Financial Aid Office address.

Student in number and i mancial Aid Office address.	
Signature of scholarship applicant:	Date:
Signature of Parent/Guardian:	Date:
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(Required if scholarship applicant is less than 18 years of age)