

2023 – 2024  
RUTH DOFFING SCHOLARSHIP  
Application for the Graduating Class of 2024

PLEASE READ THOROUGHLY BEFORE SUBMITTING. PLEASE USE A BLACK INK PEN WHERE APPROPRIATE.

The information on this application needs to be accurate and a true representation of your activities and accomplishments. If any inaccuracies are found within the application, the applicant will either receive a decreased amount of a scholarship award or your application will be disqualified. This decision will be at the discretion of the Ruth Doffing Scholarship Board of Directors.

**RUTH DOFFING SCHOLARSHIP:**

This scholarship program is open to ALL WK students pursuing a post-secondary education after graduation. It is open to students who will be attending a college, university, community college, technical school or trade school.

Ruth and George Doffing were supportive of education. They were particularly interested in supporting those students who were going to further their education through 2 years or technical college experiences. As a result, preference will be given to students whose post-secondary plans include this form of post-secondary education. However, the foundation will also consider scholarships to students planning to attend a 4-year college.

Scholarships will be applied to your tuition for the 2<sup>nd</sup> semester of your program.

**AFFIDAVIT**

**Please check each box to indicate that you have read & understand each statement.**

- All the information provided in this application is complete and true to the best of my knowledge. Falsification of any information may result in forfeiture or reduction of scholarship amount. This decision will be at the discretion of the Ruth Doffing Scholarship Board of Directors.
  
- The attached essay(s) are my own work.
  
- Ruth Doffing Scholarship Foundation has permission to contact the Wabasha Kellogg School District, employer, volunteer and club/organizations and my postsecondary institution to verify any of the information.
  
- Ruth Doffing Scholarship Foundation has permission to use my name, amount of award, name of post-secondary institution, and anticipated major on social media, website and press releases, public announcements, and promotional materials related to Ruth Doffing Scholarship Foundation and the Wabasha-Kellogg School District #811.
  
- In accordance with the Ruth Doffing Scholarship Foundation policy, to qualify for scholarships, applicant must be a resident of the WK District 811. If I reside outside of the school district, I will contact the high school counselor so that my situation can be reviewed. Award determination will be made by the Ruth Doffing Scholarship Board of Directors.
  
- I will have completed a minimum of four (4) classes taught by a Wabasha-Kellogg School District staff member each semester of my senior year.
  
- If graduation requirements are not fulfilled as of the commencement date, I understand that I will forfeit any Ruth Doffing Scholarship Foundation funds.
  
- If the essay portion of this application is not completed, I understand that I am not eligible for a scholarship in any amount.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Application Completion: Print the entire completed application. Sign and date the application and submit the entire completed application by March 1, 2024, by 3:00 pm**

**APPLICANT INFORMATION**

Complete the scholarship application in its entirety. All applications must be turned into the School Counselor by the deadline of March 1st, 2024, at 3:00 pm. No exceptions. Applications that are submitted on time and fully completed will be considered.

Full Legal Name:	
Date of Birth	
Mailing Address:	
Your Personal Cell Phone Number:	
Parent's Cell Phone Number:	
Your W-K Email Address:	
Your Personal Email Address:	
Parent's Email Address:	

TYPE OF POST-SECONDARY SCHOOL (Please checkmark one option):

- 4 YEAR COLLEGE/UNIVERSITY
- COMMUNITY COLLEGE
- TECHNICAL COLLEGE

ANTICIPATED GRADUATION DATE FROM YOUR POST-SECONDARY PROGRAM:

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NAME OF HIGHER EDUCATION INSTITUTION YOU PLAN TO ATTEND:

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MAJOR/FIELD OF STUDY YOU PLAN TO PURSUE:

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**SCHOOL RELATED ACTIVITIES/AWARDS**

This would include all sports, clubs and organizations related to school to include but not limited to Football, Drama Club, Volleyball, Trap Team, Dance Team, Basketball, Speech Team, Math Team, Musical, Fall Play, One Act, SADD, Student Council, Alpine Skiing, Wrestling, Weight Room, etc.

The following information should include involvement from the preceding summer of your freshman year. Freshman Year is 9, Sophomore 10, Junior, 11 & Senior Year 12.

<b>Organization</b>	<b>Year in school</b>	<b>Awards/Offices Held/Honors</b>
<b><u>EXAMPLE:</u></b> W-K School Football Team	9,10,11,12	Lettered years 11, 12 Team Captain Senior Year
<b><u>EXAMPLE:</u></b> W-K Fall Play	10,11	
<b><u>EXAMPLE:</u></b> EXCEL Award	11	Received EXCEL award

Add extra pages if needed





**WORK EXPERIENCE (PAID)**

The following information should include involvement from the preceding summer of your freshman year.  
Freshman Year is 9, Sophomore 10, Junior, 11 & Senior Year 12.

	<b>Position</b>	<b>Start Date</b>	<b>End Date</b>	<b>Average Hours Each Week</b>
<b>Business Name:</b>				
<b>Duties</b>				
<b>Business Name:</b>				
<b>Duties</b>				
<b>Business Name:</b>				
<b>Duties</b>				
<b>Business Name:</b>				
<b>Duties</b>				

Add extra pages if needed

**ESSAY REQUIRED**  
**COMMUNITY SERVICE**

Please write an essay reflecting on the community service to which you have devoted the greatest number of hours. Please type your essay using one side of an 8.5 x 11-inch paper and attach it to the application. Your response should be 300 - 400 words addressing the following:

- Why did you choose this activity.
- Specific activities involved.
- How this involvement fits into your future for volunteering in college and/or career.

**GOAL STATEMENT - REQUIRED**

PLEASE STATE YOUR EDUCATIONAL GOALS, CAREER OBJECTIVES AND FUTURE GOALS. BE SPECIFIC IN A MINIMUM OF 100 WORDS.

**UNUSUAL CIRCUMSTANCES - OPTIONAL FOR THE APPLICANT**

Only complete this section if you have any unusual circumstance that may have prevented participation in extracurricular/volunteer activities. This may be a personal illness, family death, recent divorce within the family, and/or an unexpected physical impairment. If not applicable, please state that below.

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## **APPRAISAL PROCESS**

THIS NEXT PAGE IS TO BE PRINTED AND GIVEN TO THE APPRAISER. AN APPRAISER CAN BE A HIGH SCHOOL TEACHER, PRINCIPAL, COUNSELOR, MEMBER OF CLERGY, ADVISOR, OR A WORK SUPERVISOR

## APPLICANT APPRAISAL

◇ NOTE TO APPRAISER: It is extremely important that you fill out this section completely and accurately. Please be candid and honest in your appraisal.

◇ Please do not refer to the applicant by name, please use pronouns.

PLEASE RETURN THE APPRAISAL TO:

Wabasha-Kellogg High School Attn: Kat Freihammer 2113 Hiawatha Drive East, Wabasha, MN 55981 or drop off at the WK High School Office ATTN: Kat Freihammer

◇ Appraisals due by FEBRUARY 28, 2023.

Please checkmark one option for each question:

1. The applicant is able to seek, find, and use learning resources:

Extremely Well       Very Well       Moderately Well       Not Well

2. The applicant demonstrates good problem-solving skills and following through with commitments and completing tasks:

Extremely Well       Very Well       Moderately Well       Not Well

3. The applicant's achievements reflect his/her ability:

Extremely Well       Very Well       Moderately Well       Not Well

4. The applicant's ability to set realistic and attainable goals is:

Excellent       Good       Fair       Poor

5. The quality of applicant's commitment to school and community is

Excellent       Good       Fair       Poor

6. The applicant demonstrates both curiosity and initiative:

Extremely Well       Very Well       Moderately Well       Not Well

7. The applicant's respect for self and others is:

Excellent       Good       Fair       Poor

How long have you known the applicant? \_\_\_\_\_

How did you meet the applicant? \_\_\_\_\_

COMMENTS (PLEASE NO NOT REFER TO THE APPLICANT BY NAME, PLEASE USE PRONOUNS):

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Appraiser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Contact phone number or email \_\_\_\_\_

**Education Information (To be completed by School Counselor):**

Is this student a resident of the Wabasha-Kellogg School District: (answer yes or no) \_\_\_\_\_

Cumulative Grade Point Average (GPA): \_\_\_\_\_ Class Rank: \_\_\_\_\_ in a class of \_\_\_\_\_.

ACT: English \_\_\_\_ Math \_\_\_\_ Reading \_\_\_\_ Science \_\_\_\_ Composite \_\_\_\_ Non-Applicable \_\_\_\_

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School Counselor Signature

Date