

2025 Application Form
Andrew A. Lindberg Memorial Foundation Scholarship Fund

The Andrew A. Lindberg Memorial Foundation Scholarship Fund was established in 2014 to provide financial assistance to rural Minnesota high school seniors who wish to pursue post-secondary education. Andrew himself came from a family farm in the Red River Valley in Northwestern Minnesota and applicants are expected to explain their background and how it has led to the setting of their future goals. We commend you for planning to further your education.

Scholarship Specifics

- The scholarship amount is \$2,500.00 per year, renewable for up to 5 years by maintaining a 3.25 Undergraduate GPA and while still satisfying eligibility requirements (sans grade level).

Eligibility Requirements

- You must be a resident and High School Senior from a town with a population fewer than 25,000 in the state of Minnesota.
- You must come from an agricultural background rooted in the state of Minnesota, i.e. working on a family farm or working in agricultural service, etc.
- You must graduate from High School with a GPA of 3.5 or greater and received admittance with incoming freshman status to an accredited physical (not online) education institution beyond the high school level prior to the award date [8/30/2025].
- The scholarship proceeds are paid directly to the education institution, and must be used during the 2025-2026 academic year

Application Submission Documents

1. Completed application form
2. Transcript of grades from high school
3. Student evaluation form completed by high school or college counselor/advisor, a member of the clergy, a teacher/professor, or a professional associate
4. Completed financial aid questionnaire or FAFSA form

Submit To:

Andrew A. Lindberg Memorial Foundation
C/O John Lindberg
28 Dale St. S., Unit C, Saint Paul, MN 55102

APPLICATION DEADLINE/POSTMARK DATE

All materials must be received by the application deadline (6/30/2025).

I. APPLICANT INFORMATION

Name:

LAST

FIRST

MIDDLE INITIAL

Address:

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NUMBER

STREET

CITY

STATE

ZIP CODE

Telephone Number: () _____

Gender: Female Male

Date of Birth: _____

High School Name: _____

Graduation Date: Mo. ___ Yr. ___

High School Address:

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STREET

CITY

STATE

ZIP CODE

Academic Status in coming year: Undergraduate 1 2 3 4

Student will live on campus off campus student will commute

College/Postsecondary program to which you have applied for [identification of school year] or will enroll.

1.

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Pending Accepted Enrolled

2.

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Pending Accepted Enrolled

3.

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Pending Accepted Enrolled

II. PARENT/GUARDIAN INFORMATION

A. Parent/Guardian Name (1):

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LAST FIRST MIDDLE INITIAL

Address (if different from yours):

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NUMBER STREET CITY STATE ZIP CODE

Telephone Number:

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Relationship to Applicant:

B. Parent/Guardian Name (2):

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LAST FIRST MIDDLE INITIAL

Address (if different from yours):

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STREET CITY STATE ZIP CODE

Telephone Number:

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Relationship to Applicant:

III. APPLICANT ACADEMIC INFORMATION

Applicant must include a copy of high school transcript of grades. In addition to submission of transcript of grades, the following section **must be completed** by the appropriate school official.

Rank in Class

Applicant ranks _____ in a class of _____ Cumulative grade point average _____

Standardized Test Scores

PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____ *and/or* ACT _____

I certify this data is from a current and official transcript

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SCHOOL OFFICIAL'S SIGNATURE	TITLE	DATE	TELEPHONE NO
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SCHOOL OFFICIAL'S ADDRESS	STREET	CITY	STATE	ZIP CODE
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IV. STUDENT EVALUATION

To be completed by a high school or college counselor, a member of the clergy, an instructor, a professional person or a supervisor.

You have been asked to provide information in support of this applicant for the Andrew A. Lindberg Memorial Scholarship Fund. Please answer the following questions carefully.

The applicant's achievements reflect his/her ability	Extremely well	Very well	Moderately well	Not well
The applicant's ability to set realistic and attainable goals is	Excellent	Good	Fair	Poor
The quality of the applicant's commitment to school and community is	Excellent	Good	Fair	Poor
I know the applicant	Extremely well	Very well	Moderately well	Not well

School Official Comments

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VI. WORK EXPERIENCE

Describe your work experience during the past two years. Indicate dates of employment in each job and approximate number of hours worked each week.

EMPLOYER	POSITION	DATE FROM (MO/YEAR)	DATE TO (MO/YEAR)	HOURS PER WEEK	COMPENSATION
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VII. OTHER AWARDS

Please list below the name and amount of any grants or scholarships for which you have applied or have been awarded for the coming year.

NAME OF AWARD	AMOUNT	GRANTED	PENDING
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VIII. Agricultural Connection:

A. Please explain your own or your family’s connection to agriculture in the State of Minnesota:

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X. FINANCIAL INFORMATION

This should be completed by the parent(s) of the applicant. Applicant may submit completed FASFA form in lieu of completing section VIII.

A. Taxable and Non-taxable Income from your Federal Tax Return

Income tax filing status: Single Married, joint return Married, filing separately
 Head of household Do not file

- 1. Adjusted gross income: \$ _____
- 2. Salaries and wages of parent/guardian in IIA: \$ _____
- 3. Salaries and wages of parent/guardian in IIB: \$ _____
- 4. Other taxable income (interest, dividends, rental income, etc.): \$ _____
- 5. Child support received for all children: \$ _____
- 6. Social Security benefits for whole family \$ _____

B. Family Assets and Debt

- 1. Home (if owned): Present market value \$ _____ Unpaid principal \$ _____
Annual mortgage payment \$ _____
- 2. If family rents residence: Annual rent \$ _____
- 3. Medical/Dental expenses: \$ _____
- 4. How many children, including student, reside in the home or are receiving support? _____

XI. CERTIFICATION AND SIGNATURES

Certification: All of the information on this application form is true and complete to the best of our (my) knowledge. If asked by an authorized official of the Scholarship Fund, we (I) agree to give proof of the information provided on this form. We (I) realize that this proof may include a copy of our (my) U.S. and/or Minnesota Income Tax Return (s). We (I) also realize that if we (I) do not give proof when asked, the student may not get aid. Falsification of information may result in termination of any scholarship granted.

Father: _____ Mother: _____
Date: _____ Date: _____

Applicant: _____ Date: _____

Any additional notes:

Lined area for notes with horizontal dotted lines.