



PENNINGTON SOIL & WATER CONSERVATION DISTRICT

201 Sherwood Avenue South
Thief River Falls, MN 56701
Phone: (218) 683-7075
www.penningtonswcd.org

College Scholarship Application

First Name:	Last Name:	
Mailing Address (Street City, State Zip):		
Email:	Phone Number:	
University:	Major:	Year in College:
Please provide proof of enrollment for Fall 2026 semester. (Example: registrar's letter, tuition receipt, or course schedule)		
Using a separate sheet, please write a one-page essay about why you chose your major and how you plan to use your degree to pursue your dream career.		

Submittal Instructions (**Due June 1st, 2026**)

Please submit completed application, proof of enrollment, and essay to Bryanna Grefthen: bryanna.grefthen@mnsxcd.org

Award winner announced by June 30, 2026.

*Note: Scholarship payment will be issued to student upon proof of successful completion of Fall 2026 semester.

Signature: _____ Date: _____