

James Lowe Memorial Scholarship Fund

2026 Scholarship Application

The James Lowe Memorial Scholarship Fund was established to honor James's legacy by supporting LGBTQIA+ students with demonstrated financial need. By reducing financial barriers, it empowers recipients to pursue their education and build the future they envision.

REQUIREMENTS:

Applicants must meet all of the following criteria:

1. Be a resident of one of the following North Dakota counties: Divide, Williams, McKenzie, Burke, Mountrail, McLean, Ward, Bottineau, McHenry Counties, or the Fort Berthold Indian Reservation.
2. Identify as a member of the LGBTQIA+ community.
3. Be actively enrolled (or accepted for enrollment) in a post-secondary program, including but not limited to:
 - Associate degree programs
 - Trade or technical programs
 - Apprenticeship programs
 - Colleges or universities leading to degrees
 - Certification or licensure programs (including CMA, CNA, CDL, etc.)
 - Bachelor's, Master's, PhD, or medical degree programs
4. Demonstrate financial need.

I affirm that I have read and meet all eligibility requirements listed above

Signature: _____ Date: _____

INSTRUCTIONS: This form is to be completed by the student applying for the scholarship. A school counselor, advisor, or administrator must certify the student's application.

Please submit application to:

**James Lowe Memorial Scholarship Fund
c/o Minot Area Community Foundation
606 Burdick Expressway West—Suite A
Minot, ND 58701-4218**

*Application must be postmarked by:
April 15, 2026*

APPLICANT INFORMATION

Applicant Name:

Address:

City, State, Zip:

Email Address: Phone #:

Last 4 of Social Security #:

Parent Name(s):

Current School Name:

Counselor/Advisor's Email:

SCHOLASTIC INFORMATION & EDUCATIONAL PLANS

College/University/Trade School

Location: Field of Study:

Current Grade Point Average:

FINANCIAL NEED QUESTIONS:

Which best describes your financial situation as you pursue your education?

- I am financially independent and fully responsible for my educational costs
- My family contributes partially to my education
- My family is unable to contribute to my education
- I qualify for need-based financial aid (Pell or similar)

Are you currently receiving need-based financial aid?

- Yes
- No
- Not applicable

ESSAY QUESTIONS:

Please answer the following short essay questions. *Questions may be addressed on a separate sheet of paper, if desired.*

Short Essay #1 Please describe the financial circumstances that impact your ability to pursue your education or training. Include any factors such as family contribution, employment, housing, dependents, or other financial responsibilities. *(300–500 words)*

Short Essay #2 Describe your educational and career goals and how they align with the future you are building for yourself. How would receiving this scholarship support that journey?

CERTIFICATION

Applicant:

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in disqualification. I also understand that if I am selected to receive a scholarship, my name and photo may be published in the local media and MACF promotional material.

Signature: _____

Date: _____

School Counselor/Advisor/ or Administrator:

I have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

Signature: _____

Date: _____

CHECKLIST The following items are **required** for application consideration:

- completed & signed application
- grade transcript
- student photo

The James Lowe Memorial Scholarship is proudly facilitated by the Minot Area Community Foundation. For questions regarding this application, please contact Staci Kenney at 701-852-0646 or staci@centerforcommunitygiving.com.