

**2024 Application Deadline:
Postmarked by 5/1/2026**

**The Salvation Army
Pearl Linden Scholarship
2445 Prior Ave North
Roseville, MN 55113
651-746-3546 fax
www.thesalarmy.org**



OFFICE USE ONLY
Date Received: _____

Student's Name: (Last) _____ (First) _____ Date of Birth: ____/____/____
Address: _____
City: _____ State: MN Zip Code: _____ Phone: (____) _____

**References MUST be two adults that are not related to you!
(Examples: teacher, work supervisor, mentor)**

RELATIONSHIP

How long have you known the applicant? _____ Are you related to this applicant? _____
In what capacity do you know the applicant? _____

VOLUNTEER SERVICE

Is this applicant an active volunteer in his or her community? _____
How are you aware of his or her volunteer service? _____
Has the applicant indicated to you an interest in volunteering for a worthy non-profit agency and/or church beyond college graduation? _____

PERSONALITY

Please indicate your impression of the above named applicant in the following areas:

Character: _____

Integrity: _____

Potential of this person: _____

Reason you feel this applicant is deserving of this award: _____

Signed: _____ **Date:** _____

**Please mail or fax to Dave Johnson by 5/1/2026
Linden Scholarship
2445 Prior Ave North
Roseville, MN 55113
Fax Number: 651-746-3546**