

# Allison Roeber Memorial Scholarship

1. APPLICANT MUST BE A CURRENT GRADUATING SENIOR WHO IS ATTENDING A WEST POINT AREA HIGH SCHOOL THAT IS APPROVED AND ACCREDITED BY THE STATE DEPARTMENT OF EDUCATION.
2. APPLICANT MUST BE SEEKING CONTINUED EDUCATION AT A UNIVERSITY, COLLEGE, OR TECHNICAL SCHOOL OF APPLICANT'S CHOICE AND PURSUING A DEGREE IN THE FIELD OF CHILD PROTECTION.
  - 1) HEALTH CARE
  - 2) LAW ENFORCEMENT
  - 3) SOCIAL WORK
  - 4) ELEMENTARY TEACHER
  - 5) ANY OTHER CHILD PROTECTION EDUCATION
3. APPLICANT MUST PROVIDE TWO (2) CONFIDENTIAL REFERENCES WITH ONLY ONE BEING FROM A TEACHER. ALL REFERENCES SHOULD BE FROM A NON-RELATIVE.
4. THE FOUNDATION WILL DETERMINE THE AMOUNT OF SCHOLARSHIP AWARDED EACH YEAR.
5. THERE IS NO LIMITATION ON PERSONS WHO ARE ELIGIBLE RECIPIENTS OF SCHOLARSHIPS. SCHOLARSHIPS WILL BE GIVEN WITHOUT REGARD TO RACE, CREED, RELIGION, NATIONAL ORIGIN OR SEX.
6. SCHOLARSHIP MONIES MUST BE USED WITHIN ONE ACADEMIC YEAR (JUNE 1, 2018 THRU JUNE 1, 2019)
7. SCHOLARSHIP MONIES WILL BE SENT TO THE WINNER WHEN THE SCHOLARSHIP COMMITTEE HAS BEEN PROVIDED WITH PROOF THAT THE STUDENT HAS ENROLLED IN SCHOOL.  
PROOF WILL BE A PHOTOCOPY OF THE STUDENT'S COLLEGE I.D. CARD.
8. THE SCHOLARSHIP COMMITTEE WHO ARE MEMBERS OF THE WEST POINT COMMUNITY FOUNDATION WILL SELECT SCHOLARSHIP WINNERS.
9. APPLICANT MUST SIGN A LETTER OF EXPECTATION AS ACCEPTANCE.
10. INCOMPLETE APPLICATIONS **WILL NOT** BE ACCEPTED OR CONSIDERED. PLEASE REVIEW YOUR APPLICATION FOR COMPLETENESS TO DETAIL, FILLING OUT ALL REQUESTED INFORMATION. CHECKLIST PROVIDED.
11. APPLICATION MUST BE RECEIVED BY **MARCH 15, 2018.** SEND TO:

**Wendy Ridder,  
c/o Bracht Law  
PO Box 252  
West Point, NE 68788**

***West Point Community Foundation Scholarship Committee***

Wendy Ridder - Chair Phone Work: 402-372-5500; Cell: 402-380-1562

**WP**



**CF**

**WEST POINT COMMUNITY FOUNDATION**

**“PASSING A TORCH  
TO OUR FUTURE”**

## **Allison Roeber Memorial Scholarship**

Dear Applicant:

The West Point Community Foundation is offering \$500.00 scholarships to graduating seniors who will be enrolled in a field that will help children. If you are chosen to receive one of these scholarships, it will be necessary for you to complete at least one year of classes and maintain a minimum 2.5 GPA. If you drop out of school without completing the first semester, we would expect the return of the \$500.00 so the money be used by another student.

We hope you will consider applying for this scholarship if you are able to follow the guidelines. Please sign this letter of expectation to indicate that you accept these requirements and return it with your application by [March 15, 2018](#) to [Wendy Ridder, c/o Bracht Law, PO Box 252, West Point, NE 68788](#)

If you have any questions, please contact Wendy Ridder. Contact numbers are work – 402-372-5500 and cell – 402-380-1562.

***West Point Community Foundation Scholarship Committee***

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*Applicant (Student) Signature of Acceptance*

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APPLICANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT(S) OR GUARDIAN(S)' NAME: \_\_\_\_\_

ADDRESS OF PARENT(S) OR GUARDIAN(S): \_\_\_\_\_

TOWN: \_\_\_\_\_

HIGH SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

I PLAN TO ATTEND (SCHOOL NAME): \_\_\_\_\_

ACCEPTED (\_\_\_) YES (\_\_\_) NO MAJOR AREA OF STUDY \_\_\_\_\_

OCCUPATIONAL INTERESTS UPON GRADUATION FROM POST SECONDARY SCHOOL \_\_\_\_\_

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HIGH SCHOOL ACTIVITIES AND AWARDS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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COMMUNITY ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

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I HOPE TO BE INVOLVED IN THE FOLLOWING ACTIVITIES IN COLLEGE \_\_\_\_\_

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**ATTACHED TO THIS FORM** PLEASE STATE IN **200 WORDS OR LESS** WHY YOU WOULD LIKE TO BE CONSIDERED FOR THIS SCHOLARSHIP.

## ADMINISTRATION CERTIFICATION

I HEREBY CERTIFY THAT \_\_\_\_\_ HAS SHOWN OUTSTANDING ABILITY AS IS EVIDENCED BY HIS/HER LEADERSHIP, CITIZENSHIP, CHARACTER, AND COOPERATION IN SCHOOL AND COMMUNITY ACTIVITIES AND HAS A SATISFACTORY SCHOLARSHIP RECORD IN ALL HIGH SCHOOL SUBJECTS.

AVERAGE NUMERICAL GRADE IN ALL HIGH SCHOOL SUBJECTS \_\_\_\_\_

NUMBER OF STUDENTS IN APPLICANT'S CLASS \_\_\_\_\_

APPLICANT'S RANK IN CLASS \_\_\_\_\_

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**Superintendent, Principal or Guidance Counselor Signature**

# Allison Roeber Memorial Scholarship

## CONFIDENTIAL REFERENCE STATEMENT

APPLICANT (STUDENT) NAME:
APPLICANT (STUDENT) ADDRESS:
REFERENCE FROM (NAME):
HOW LONG HAVE YOU KNOWN THE APPLICANT?
IN WHAT CAPACITY?
WHAT DO YOU CONSIDER THE APPLICANT'S STRONG POINTS?
WHAT DO YOU CONSIDER THE APPLICANT'S LIMITATIONS?

PLEASE CIRCLE YOUR RATING THE FOLLOWING CHARACTERISTICS FOR THE APPLICANT OR PLACE A CHECK MARK IN THE BOX BELOW "DO NOT KNOW" IF UNABLE TO RATE. (COMPARED TO THE STUDENTS OF THE SAME AGE AND GRADE).

CHARACTERISTIC	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	DO NOT KNOW
<b>INTELLECTUAL INTEREST</b>	10 9 8	7 6 5	4 3 2	1	
<b>RELIABILITY</b>	10 9 8	7 6 5	4 3 2	1	
<b>COOPERATION</b>	10 9 8	7 6 5	4 3 2	1	
<b>MATURITY</b>	10 9 8	7 6 5	4 3 2	1	
<b>PERSONAL APPEARANCE</b>	10 9 8	7 6 5	4 3 2	1	
<b>SOCIAL ADAPTABILITY</b>	10 9 8	7 6 5	4 3 2	1	
<b>EMOTIONAL ADAPTABILITY</b>	10 9 8	7 6 5	4 3 2	1	
<b>ABILITY TO SUCCEED IN POST SECONDARY EDUCATION</b>	10 9 8	7 6 5	4 3 2	1	

**IMPORTANT**  
(UNSIGNED REFERENCES WILL NOT BE CONSIDERED)

SIGNED BY:

REFERENCE MUST BE COMPLETED, RETURNED TO THE APPLICANT IN A SEALED ENVELOPE ADDRESSED TO THE WEST POINT COMMUNITY FOUNDATION SCHOLARSHIP COMMITTEE FOR THE APPLICANT TO SUBMIT TO THE SCHOLARSHIP COMMITTEE NO LATER THAN **MARCH 15, 2018**.

**West Point Community Foundation Scholarship Committee**

Wendy Ridder, c/o Bracht Law, PO Box 252, West Point, NE 68788  
Phone work – 402-372-5500 and cell – 402-380-1562.

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## STUDENT SCHOLARSHIP APPLICATION CHECKLIST COVER

APPLICANT (STUDENT) NAME: \_\_\_\_\_ (PLEASE PRINT)

APPLICATION ITEMS ATTACHED:

\_\_\_\_\_ APPLICANT LETTER (SIGNED)

\_\_\_\_\_ APPLICANT/STUDENT INFORMATION (COMPLETED AND APPROPRIATELY SIGNED)

\_\_\_\_\_ TWO (2) REFERENCES IN SEALED ENVELOPES – ENVELOPES ADDRESSED TO THE WEST POINT COMMUNITY FOUNDATION SCHOLARSHIP COMMITTEE

\_\_\_\_\_ SENIOR PHOTO ATTACHED TO THIS CHECKLIST (PLEASE DO NOT USE A STAPLE).  
**THIS MUST BE A PHOTO – NOT A COPY ON REGULAR PAPER OR CARD STOCK.**

\_\_\_\_\_ NAME AND ADDRESS OF SENIOR PICTURE PHOTOGRAPHER:

PHOTOGRAPHER NAME/BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**ALL ITEMS MUST BE COMPLETED, SIGNED AND ATTACHED OR  
THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND INELIGIBLE FOR SCHOLARSHIP CONSIDERATION**

DATED: \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT (STUDENT) SIGNATURE**