# SPECIAL EDUCATION ARC – ELKHORN VALLEY SCHOLARSHIP IN MEMORY OF HATTIE JANECEK

#### **APPLICATION FOR GRADUATING SENIORS**

Completing this application and fulfilling all the requirements will allow you to be considered for this scholarship. The scholarship recipient will be selected by the West Point Community Foundation Scholarship Committee. You must plan on obtaining a certificate of program completion, an Associate Degree from an accredited junior college, or attend an accredited college or university. You must be a successful graduate of a Cuming County High School with at least part of your class attendance being in the form of special education, or resource room classes. In addition, the student MUST have a current IEP in place and there must be documentation attached that **would support a diagnosis of a verified developmental delay (cognitive delay)**. A copy of the documentation, such as IEP (less than 1-year-old) or psychological evaluation must be attached. Funds must be used for tuition, books, or room and board. Funds will be disbursed after one full semester or trimester of course work has been completed. A check will be issued jointly between you and the college after proof of second semester/trimester enrollment has been received from your college's financial aid office.

| Name                        |                                | Social Security Number |        |          |  |  |  |  |
|-----------------------------|--------------------------------|------------------------|--------|----------|--|--|--|--|
| Address (where you currentl | y live)                        |                        |        |          |  |  |  |  |
| ,                           | Street Address or P.O. Box     |                        |        |          |  |  |  |  |
| City                        | State                          | Zip Code               | County |          |  |  |  |  |
| Phone                       | Date of high school graduation |                        |        |          |  |  |  |  |
| Parent/Guardian(s) Name(s)  |                                |                        |        |          |  |  |  |  |
| Parent/Guardian(s)' Address | ·                              |                        |        |          |  |  |  |  |
|                             | Street Address or PO Box       | City                   | State  | Zip Code |  |  |  |  |
|                             |                                |                        |        |          |  |  |  |  |
|                             |                                |                        |        |          |  |  |  |  |
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|                             |                                |                        |        |          |  |  |  |  |
|                             |                                |                        |        |          |  |  |  |  |

### **ANTICIPATED EDUCATIONAL PLANS** Please indicate where you plant to continue your education \_\_\_ Name of School \_\_\_\_\_\_ Campus Location \_\_\_\_\_\_ Major/Program of Study \_\_\_\_\_\_ Length of Major/Program \_\_\_\_\_ Have you been accepted? \_\_\_/ Yes \_\_\_/ No Date accepted \_\_\_\_\_ Starting Date Complete address of Admissions Office \_\_\_\_\_ Name of School Street Address or PO Box City Zip Code State List all scholarships and financial aid you have been offered and the amount of each: How do you expect to pay for your education? Check all that apply: \_\_/ Work \_\_\_/ Parents' Help \_\_\_/ Scholarships \_\_/ Savings / Loans / Grants STUDENT EMPLOYMENT HISTORY **EMPLOYER NAME EMPLOYMENT DATES** RESPONSIBILITIES **ACTIVITIES AND HONORS** On a separate sheet of paper, please list any school, community, or church activities with you have been involved during the past four years. Please include any honors, leadership positions, or special recognitions with these activities. STUDENT/PARENT CERTIFICATION We (the applicant and parent/guardian) certify that the information contained in this application is correct to the best of our knowledge, and authorize your High School staff to release personal, academic, and test data for the purpose of review by the appropriate West Point Community Foundation Scholarship Committee. We understand that the purpose of this is to make as objective a decision as possible regarding the selection of scholarship recipients. We also understand that any misleading or untrue information will render this application invalid. Student/Applicant Signature \_\_\_\_\_\_ Date\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date\_\_\_\_

#### **SCHOLARSHIP APPLICATION PROCEDURES**

- 1. Complete this scholarship application form.
- 2. Provide a high school transcript, current through the fall semester of your senior year.
- 3. Have two (2) recommendation forms completed. Select a faculty member, school administrator or other staff, church member or official, or other person who can attest to your qualifications. Do not use family members. Use the accompanying reference forms for this purpose.
- 4. All of the above items must be submitted to the West Point Community Foundation Scholarship Committee c/o Wendy Ridder, Bracht Law, PO Box 252, West Point, NE 68788 by March 15, 2018.

## ACADEMIC STANDING

(TO BE COMPLETED BY HIGH SCHOOL OFFICIAL)

| STUDENT'S CUMULATIVE GPA:         | CLASS RANK:                 | AFTER | Semesters |
|-----------------------------------|-----------------------------|-------|-----------|
| COMMENTS FROM SPECIAL EDUCATION   | N OR RESOURCE ROOM TEACHER: |       |           |
|                                   |                             |       |           |
|                                   |                             |       |           |
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|                                   |                             |       |           |
|                                   |                             |       |           |
| HIGH SCHOOL OFFICIAL'S SIGNATURE: |                             |       |           |
| TITLE                             |                             | Date: |           |
|                                   |                             |       |           |
|                                   |                             |       |           |

### **ARC - ELKHORN VALLEY SCHOLARSHIP**

#### IN MEMORY OF HATTIE JANECEK

Because of the volume of requests for references and letters of recommendation, this form will be used for both purposes.

**APPLICANT:** Part of the application process for scholarships is for the applicant to provide supporting information with the scholarship application. Therefore, this reference form must be given to those the applicant feels are competent and capable of giving a clear assessment of the applicant's accomplishments, abilities, and potential.

**DIRECTIONS:** Applicant completes #1 through #4, and provides an address envelope to the name and address shown in #4. The Applicant collects the two recommendation forms in the sealed envelopes and submits them with the application.

| 1. APPLICANT'S NAME:   |                  |               |                        |            |            |    |    | _   |     |          |
|--|------------------|---------------|------------------------|------------|------------|----|----|-----|-----|----------|
| <ol> <li>APPLICANT'S ADDRESS:</li></ol>  |                  |               |                        |            |            |    |    |     |     | t Point, |
| The above-named individual is applying for a scholarship. In conjunction application, you are being asked to provide the following information. All confidential and will be shared only with the Scholarship Selection Committee. | recomn<br>They w | nen<br>ill tl | da <sup>.</sup><br>her | tio<br>1 b | n a<br>e d | nd | re | fer | end |          |
| How long have you known the applicant? In what capacity?   |                  |               |                        |            |            |    |    |     |     | -        |
| Your candid and objective appraisal of the applicant's qualifications is valued be returned per the instructions in #4 above. Please answer the following using 7-9 Excellent; 0, Unknown  | •                |               |                        |            |            |    |    |     |     |          |
| The applicant's chances for success in a post secondary school are :   | 1                | 2             | 3                      | 4          | 5          | 6  | 7  | 8   | 9   | 0        |
| rate the applicant's motivation to learn as:   | 1                | 2             | 3                      | 4          | 5          | 6  | 7  | 8   | 9   | 0        |
| The applicant's oral expression skills are:  | 1                | 2             | 3                      | 4          | 5          | 6  | 7  | 8   | 9   | 0        |
| The applicant's self-discipline is:  | 1                | 2             | 3                      | 4          | 5          | 6  | 7  | 8   | 9   | 0        |
| The overall quality of the applicant's work has been:  |                  |               |                        | 4          | 5          | 6  | 7  | 8   | 9   | 0        |
| The applicant's ability to work with others:   | 1                | 2             | 3                      | 4          | 5          | 6  | 7  | 8   | 9   | 0        |
| The applicant's attendance at school/work is:  |                  |               |                        | 4          | 5          | 6  | 7  | 8   | 9   | 0        |
| The applicant's dependability and reliability is:  |                  |               |                        | 4          | 5          | 6  | 7  | 8   | 9   | 0        |
| I would rate the applicant's respect for superiors as:   |                  |               |                        | 4          | 5          | 6  | 7  | 8   | 9   | 0        |
| would rate the applicant's respect for peers as:   | 1                | 2             | 3                      | 4          | 5          | 6  | 7  | 8   | 9   | 0        |
| would rate the applicant's leadership abilities as:  |                  |               |                        |            | 5          | 6  | 7  | 8   | 9   | 0        |
| The applicant's willingness to make a positive commitment to the school/community is   | s: 1             | 2             | 3                      | 4          | 5          | 6  | 7  | 8   | 9   | 0        |
| Add total points here: Divide by the number of items responded to:   | A                | /era          | age                    | Pc         | oint       | s: |    |     | _   |          |
| Additional Comments:   |                  |               |                        |            |            |    |    |     |     |          |
|  |                  |               |                        |            |            |    | _  | •   |     | _        |
| Signature of Reference   |                  |               |                        | Da         | te         |    |    |     |     |          |

## ARC - ELKHORN VALLEY SCHOLARSHIP

#### IN MEMORY OF HATTIE JANECEK

Because of the volume of requests for references and letters of recommendation, this form will be used for both purposes.

**APPLICANT:** Part of the application process for scholarships is for the applicant to provide supporting information with the scholarship application. Therefore, this reference form must be given to those the applicant feels are competent and capable of giving a clear assessment of the applicant's accomplishments, abilities, and potential.

**DIRECTIONS:** Applicant completes #1 through #4, and provides an address envelope to the name and address shown in #4. The Applicant collects the two recommendation forms in the sealed envelopes and submits them with the application.

|   | APPLICANT'S NAME:  |      |      |     |      |      |     |    | _   |     |             |
|---|--|------|------|-----|------|------|-----|----|-----|-----|-------------|
| <ul> <li>6. APPLICANT'S ADDRESS:</li> <li>7. SCHOLARSHIP BEING APPLIED FOR: ARC – Elkhorn Valley Scholarship in Memory of Hattie Janecek</li> </ul> |  |      |      |     |      |      |     |    |     |     |             |
|   | 7. Scholarship being applied for: <u>ARC – Eiknorn Valley Scholarship in Memory of Hattle Janecek</u> .  8. The person completing this reference should return to the Applicant in a sealed envelope addressed to                  |      |      |     |      |      |     |    |     |     |             |
|   | West Point Community Foundation Scholarship Committee, Wendy Ridder, B   |      |      |     |      |      |     |    |     | 'es | <u>Poin</u> |
|   | <u>NE 68788</u>  |      |      |     |      |      |     |    |     |     |             |
| ар  | e above-named individual is applying for a scholarship. In conjunction wollication, you are being asked to provide the following information. All restricted and will be shared only with the Scholarship Selection Committee. The | comn | ner  | nda | tio  | n a  | nd  | re | fer | end |             |
| Но  | w long have you known the applicant? In what capacity?   |      |      |     |      |      |     |    |     |     | -           |
| be  | ur candid and objective appraisal of the applicant's qualifications is valued by returned per the instructions in #4 above. Please answer the following using Excellent; 0, Unknown  |      |      |     |      |      |     |    |     |     |             |
| Th  | e applicant's chances for success in a post secondary school are :   | 1    | 2    | 3   | 4    | 5    | 6   | 7  | 8   | 9   | 0           |
| I rate the applicant's motivation to learn as:  |  |      |      |     |      | 5    | 6   | 7  | 8   | 9   | 0           |
| The applicant's oral expression skills are:   |  |      |      |     | 4    | 5    | 6   | 7  | 8   | 9   | 0           |
| The applicant's self-discipline is:   |  |      |      |     | 4    | 5    | 6   | 7  | 8   | 9   | 0           |
| The overall quality of the applicant's work has been:   |  |      |      |     | 4    | 5    | 6   | 7  | 8   | 9   | 0           |
| The applicant's ability to work with others:  |  |      |      | 3   | 4    | 5    | 6   | 7  | 8   | 9   | 0           |
| The applicant's attendance at school/work is:   |  |      |      | 3   | 4    | 5    | 6   | 7  | 8   | 9   | 0           |
| Th  | e applicant's dependability and reliability is:  | 1    | 2    | 3   | 4    | 5    | 6   | 7  | 8   | 9   | 0           |
| I would rate the applicant's respect for superiors as:  |  |      |      | 3   | 4    | 5    | 6   | 7  | 8   | 9   | 0           |
| I would rate the applicant's respect for peers as:  |  |      |      | 3   | 4    | 5    | 6   | 7  | 8   | 9   | 0           |
| I would rate the applicant's leadership abilities as:   |  |      |      |     | 4    | 5    | 6   | 7  | 8   | 9   | 0           |
| The   | e applicant's willingness to make a positive commitment to the school/community is:  | 1    | 2    | 3   | 4    | 5    | 6   | 7  | 8   | 9   | 0           |
| Ad  | d total points here: Divide by the number of items responded to:   | A\   | /era | age | e Po | oint | :s: |    |     | _   |             |
| Ad  | ditional Comments:   |      |      |     |      |      |     |    |     |     |             |
|   |  |      |      |     |      |      |     |    | -   |     |             |
| —   | Signature of Reference   |      |      |     |      |      |     |    |     |     | _           |

# ARC – ELKHORN VALLEY SCHOLARSHIP IN MEMORY OF HATTIE JANECEK

# STUDENT SCHOLARSHIP APPLICATION CHECKLIST COVER

| <b>A</b> PPLICANT   | (STUDENT) NAME:   |  | _ (PLEASE PRINT)              |
|---------------------|---|--|-------------------------------|
| <b>A</b> PPLICATION | ON ITEMS ATTACHED:  |  |                               |
|                     | APPLICANT LETTER (SIGNED)   |  |                               |
|                     | APPLICANT/STUDENT INFORMATI   | ON (COMPLETED AND APP                                | PROPRIATELY SIGNED)           |
|                     | Two (2) References in sealed West Point Community Found                               |  |                               |
|                     | SENIOR PHOTO ATTACHED TO THE  | •  | •                             |
|                     | Name and Address of Senior<br>Photographer name/Business<br>Address:<br>Phone Number: | NAME:  |                               |
| THE APP             | ALL ITEMS MUST BE COMPLICATION WILL BE CONSIDERED INCOMI                              | PLETED, SIGNED AND ATTAC<br>PLETE AND INELIGIBLE FOR |                               |
| DATED:              |   |  |                               |
|                     |   |  |                               |
|                     |   |  | APPLICANT (STUDENT) SIGNATURE |