

* Please note the applicant or parents must be a resident of Cuming County in order to qualify for this scholarship.

Louis & Abby Faye Dinklage Alumni Scholarship Application Instructions

The Louis and Abby Faye Dinklage Foundation of Wisner will make available a number of \$1000 scholarships for alumni of Guardian Angels Central Catholic High School who are full-time college students. An application form is required for this scholarship even if you have received it in previous years. These scholarships may be applied to vocational training programs or a bachelor degree program where you are enrolled full time. They are not applicable for second bachelor degree or master degree programs. Also, if you have received four previous awards, you are no longer eligible.

Additionally, if you are a non-traditional student and working on your first degree, you may be eligible for an alumni scholarship. If you have just started post-secondary education and do not have a transcript yet, please provide current grades for the fall semester and proof enrollment for the Spring Semester or a copy of your Spring Semester Schedule.

Application forms are available at the high school counselor's offices or on the school websites. The completed application form must be submitted to the school counselor's office on or before December 15th. You must provide a transcript from your college/university and proof of enrollment for the Spring Semester or your Spring Semester Schedule. Scholarship funds will be distributed in January/February upon verification of successful completion of fall semester and enrollment of second semester. Anyone desiring further information may contact the School Counselor. (402-372-5326)

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GUARDIAN ANGELS CENTRAL CATHOLIC HIGH SCHOOL
LOUIS & ABBY FAYE DINKLAGE FOUNDATION

ALUMNI SCHOLARSHIP APPLICATION

DEADLINE: DECEMBER 15

Name _____

Address _____

DOB _____

High School Graduation Year _____

Name/Address of
Parent/Guardian _____

Cell Phone # _____ Email Address _____

College Presently Attending _____
College Name City/State

Year in College: _____ 1st _____ 2nd _____ 3rd _____ 4th

Major _____ Credit Hours Earned _____

Date you expect to complete degree/certificate _____

If awarded, what college should receive the funds _____

I certify the above is true and accurate to the best of my knowledge.

Signature _____ Date _____

Return completed form and a copy of your College/University Transcript to:

Guardian Angels Central Catholic High School
Attn: School Counselor
419 E. Decatur Street
West Point, NE 68788

****Scholarship funds will be distributed in January/February time frame**