



## ANTICIPATED EDUCATIONAL PLANS

Please indicate where you plan 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

State

Zip Code

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:

\_\_\_/ Savings \_\_\_/ Work \_\_\_/ Parents' Help \_\_\_/ Scholarships \_\_\_/ 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 \_\_\_\_\_



# 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: \_\_\_\_\_
2. APPLICANT'S ADDRESS: \_\_\_\_\_
3. SCHOLARSHIP BEING APPLIED FOR: ARC – Elkhorn Valley Scholarship in Memory of Hattie Janecek .
4. The person completing this reference should return to the Applicant in a sealed envelope addressed to West Point Community Foundation Scholarship Committee, Wendy Ridder, Bracht Law, PO Box 252, West Point, NE 68788

The above-named individual is applying for a scholarship. In conjunction with the review of the scholarship application, you are being asked to provide the following information. All recommendation and references are confidential and will be shared only with the Scholarship Selection Committee. They will then be destroyed.

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Your candid and objective appraisal of the applicant's qualifications is valued by the Selection Committee and must be returned per the instructions in #4 above. Please answer the following using the scale of: 1-3 Poor; 4-6 Average; 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 |
| I 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:                                 | 1 2 3 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:   | 1 2 3 4 5 6 7 8 9 0 |
| The 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:                                | 1 2 3 4 5 6 7 8 9 0 |
| I would rate the applicant's respect for peers as:                                    | 1 2 3 4 5 6 7 8 9 0 |
| I would rate the applicant's leadership abilities as:                                 | 1 2 3 4 5 6 7 8 9 0 |
| The applicant's willingness to make a positive commitment to the school/community is: | 1 2 3 4 5 6 7 8 9 0 |

Add total points here: \_\_\_\_\_ Divide by the number of items responded to: \_\_\_\_\_ Average Points: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Signature of Reference

Date

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Add total points here: \_\_\_\_\_ Divide by the number of items responded to: \_\_\_\_\_ Average Points: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

# ARC – ELKHORN VALLEY SCHOLARSHIP IN MEMORY OF HATTIE JANECEK

## 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