2022-2023

LOWER ELKHORN VALLEY CHAPTER 352 "PAT ELLIS MEMORIAL SCHOLARSHIP" SCHOLARSHIP APPLICATION

You must either type or print all your answers neatly in ink. Application response may be sent via email to treas0352@pfofficers.org or mailed to Lower Elkhorn Valley PF P.O. Box 93 West Point NE 68788. Scholarship application and letters of recommendation must be postmarked by 2/18/22 to the above address.

Name Last	,	First		M
Permanent mailing address				
Number an	d street			
City	State	Zip	E-mail	
Phone		Birth date		
		Month	Day Year	
or GED				
High School or GED				
High School Name or GED County High school students only	City	State		
High Schoo	ol GPA			
oplicant must register at a college, un School choice For 2022-23	niversity, vocation	or trade school.		
School Nar	me			
City		,	State	
Major Field of Study_ Are you currently working 20 hours	or more per week?	Yes/No [Y/N]		. <u> </u>
you plan on working 20 hours or mor				

4. Letters of Recommendation: Please provide one letter from a school official

CERTIFICATION. ALL APPLICANTS: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact high school and/or college officials for additional academic information. If chosen for scholarship award, I agree to provide proof of GPA to the committee at each semester/quarter break in order for the committee to determine future

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engionity. I further agree if chosen to submit a written paragraph to be	<u>publisnea on the value of the scholarship</u>
award in my academic pursuits.	
SIGNATURE	DATE