## **Special Education** ARC - Elkhorn Valley Scholarship

#### In memory of Hattie Janecek

#### **APPLICATION FOR GRADUATING SENIORS** SEEKING A CAREER INVOLVING SPECIAL EDUCATION

- APPLICANT MUST BE A CURRENT GRADUATING SENIOR WHO IS ATTENDING A CUMING COUNTY HIGH SCHOOL THAT IS APPROVED AND ACCREDITED BY THE STATE DEPARTMENT OF EDUCATION.
- 2. APPLICANT MUST BE SEEKING CONTINUED EDUCATION AT A UNIVERSITY OR COLLEGE OF APPLICANT'S CHOICE AND PURSUING A DEGREE IN THE FIELD OF SPECIAL 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. 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.
- 5. SCHOLARSHIP MONIES MUST BE USED WITHIN ONE ACADEMIC YEAR (JUNE 1, 2023 THRU JUNE 1, 2024)
- 6. SCHOLARSHIP MONIES WILL BE SENT TO THE WINNER WHEN THE SCHOLARSHIP COMMITTEE HAS BEEN PROVIDED WITH PROOF THAT THE STUDENT HAS ENROLLED IN SCHOOL. SEE SPECIFICS ON APPLICATION. PROOF WILL BE A PHOTOCOPY OF THE STUDENT'S COLLEGE I.D. CARD.
- 7. THE SCHOLARSHIP COMMITTEE WHO ARE MEMBERS OF THE WEST POINT COMMUNITY FOUNDATION WILL SELECT SCHOLARSHIP WINNERS.
- 8. APPLICANT MUST SIGN A LETTER OF EXPECTATION AS ACCEPTANCE.
- 9. Incomplete applications will not be accepted or considered. Please review your application for COMPLETENESS TO DETAIL, FILLING OUT ALL REQUESTED INFORMATION. CHECKLIST PROVIDED.
- 10. APPLICATION MUST BE RECEIVED BY **MARCH 1, 2023.** SEND TO:

Melissa Knobbe, Co-Chair of WPCF Scholarship Committee 1040 E Park St West Point, NE 68788

Cell: 402-380-2259

# Special Education ARC - Elkhorn Valley Scholarship In memory of Hattie Janecek

# APPLICATION FOR GRADUATING SENIORS SEEKING A CAREER INVOLVING SPECIAL EDUCATION

Completing this application and fulfilling all the requirements will allow you to be considered for this scholarship. You must be a successful graduate of a Cuming County High School. The scholarship recipient will be selected by the West Point Community Foundation Scholarship Committee. You must plan on obtaining a Degree from an accredited college including a Special Education minor/endorsement. 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 to you after proof of second semester/trimester enrollment has been received from your college's financial aid office.

Name				
Home Address				
		Street Address or P.O. Box		
City	State	Zip Code	County	
Phone	Date of high sch	nool graduation		
Parent/Guardian(s) Name	e(s)			
Parent/Guardian(s)' Addr	ess			
	Street Address or PO Box CHOLARSHIP AND ATTACHMENTS SHALL REMY BY THE SCHOLARSHIP COMMITTEE.	City IAIN CONFIDENTIAL AND SHALL	State BE USED SOLELY FOR	Zip Code THE PURPOSE
	EDUCATIONA			
In the space below, print	or type a statement about your educa	itional and career goals.		

## **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 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\_\_\_\_\_ 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 Melissa Knobbe, 1040 E Park St, West Point, NE 68788 by March 1, 2023.

#### **ACADEMIC STANDING**

(TO BE COMPLETED BY HIGH SCHOOL SUPERINTENDENT, PRINCIPAL OR GUIDANCE COUNSELOR)

STUDENT'S CUMULATIVE GPA:	CLASS RANK:	AFTER	Semesters
COMMENTS (IF ANY):		<u>.</u>	
HIGH SCHOOL OFFICIAL'S SIGNATURE	:		
T.T. 5		Date	
Title		Date:	

# Special Education ARC - Elkhorn Valley Scholarship In memory of Hattie Janecek

## APPLICATION FOR GRADUATING SENIORS SEEKING A CAREER INVOLVING SPECIAL EDUCATION

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.											
4.	The person completing this reference should return to the Applicant in a sealed			•							t Point
	Community Foundation Scholarship Committee, Melissa Knobbe, 1040 E Par	rk St,	VV	est	PO	int	<u>, IN</u>	E 6	8/8	<u> </u>	
The	e above-named individual is applying for a scholarship. In conjunction w	ith t	he	rev	vie	w	of	the	. s	cho	larship
	plication, you are being asked to provide the following information. All rec										es are
COI	nfidential and will be shared only with the Scholarship Selection Committee. Th	ey w	ill t	her	n b	e d	est	roy	ed/	•	
Но	w long have you known the applicant? In what capacity?										_
Yo	ur candid and objective appraisal of the applicant's qualifications is valued by	the S	Sele	ecti	on	Со	mr	nitt	ee	an	d must
	returned per the instructions in #4 above. Please answer the following using th	e sca	le c	of:	1-3	Ро	or;	4-6	6 A	ver	age; 7-
9 E	xcellent; 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
l ra	te the applicant's motivation to learn as:	1	2	3	4	5	6	7	8	9	0
The	e applicant's oral expression skills are:	1	2	3	4	5	6	7	8	9	0
The	e applicant's self-discipline is:	1	2	3	4	5	6	7	8	9	0
Th	e overall quality of the applicant's work has been:	1	2	3	4	5	6	7	8	9	0
The	e applicant's ability to work with others:	1	2	3	4	5	6	7	8	9	0
Th	e applicant's attendance at school/work is:	1	2	3	4	5	6	7	8	9	0
The	e applicant's dependability and reliability is:	1	2	3	4	5	6	7	8	9	0
۱w	ould rate the applicant's respect for superiors as:	1	2	3	4	5	6	7	8	9	0
۱w	ould rate the applicant's respect for peers as:	1	2	3	4	5	6	7	8	9	0
۱w	ould 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
Ad	d total points here: Divide by the number of items responded to:	Av	era	age	Pc	int	s:			_	
Ad	ditional Comments:										

Date

Signature of Reference

# Special Education ARC - Elkhorn Valley Scholarship In memory of Hattie Janecek

## APPLICATION FOR GRADUATING SENIORS SEEKING A CAREER INVOLVING SPECIAL EDUCATION

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

1. APPLICANT'S NAME: \_\_\_\_\_\_

Signature of Reference

**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.

۷.	APPLICANT S ADDRESS:								_		
3.	SCHOLARSHIP BEING APPLIED FOR: ARC—Elkhorn Valley Scholarship in Memory of Hattie Janecek-Special Education Career.										
4.	The person completing this reference should return to the Applicant in a sealed envelope addressed to West Poin						t Point				
	Community Foundation Scholarship Committee, Melissa Knobbe, 1040 E Par	k St,	W	<u>est</u>	Po	int	, N	<u>E 6</u>	878	<u> 88</u>	
The	above-named individual is applying for a scholarship. In conjunction wi	+h +	ho	ro	vio		of.	the		ho	larchin
	lication, you are being asked to provide the following information. All rec										•
	fidential and will be shared only with the Scholarship Selection Committee. The										cs are
	,	,						- /			
	v long have you known the applicant? In what capacity?										_
	ir candid and objective appraisal of the applicant's qualifications is valued by t										
	returned per the instructions in #4 above. Please answer the following using the	sca	le d	of:	1-3	Po	or;	4-	6 A	ver	age; 7-
	cellent; 0, Unknown	1	2	3	1	_	c	7	0	0	0
	applicant's chances for success in a post secondary school are :										
l ra	te 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
l w	ould rate the applicant's respect for superiors as:	1	2	3	4	5	6	7	8	9	0
l w	ould rate the applicant's respect for peers as:	1	2	3	4	5	6	7	8	9	0
l w	ould 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
Ado	total points here: Divide by the number of items responded to:	_ A\	/er	age	Po	int	s:			_	
Ado	litional Comments:										

Date



#### West Doint Community Foundation

"Passing A Torch

To Our Future"

# Special Education ARC - Elkhorn Valley Scholarship In memory of Hattie Janecek

APPLICATION FOR GRADUATING SENIORS
SEEKING A CAREER INVOLVING SPECIAL EDUCATION

#### Dear Applicant:

The West Point Community Foundation is offering a scholarship to graduating seniors who must plan on obtaining a Degree from an accredited college including a Special Education minor/endorsement. 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 scholarship fund be used by another student.

We hope you will consider applying for this scholarship if you are able to follow the guidelines. <u>Please sign this letter</u> of expectation to indicate that you accept these requirements and <u>return it with your application</u> by <u>March 1, 2023</u> to <u>Melissa Knobbe, 1040 E Park St, West Point, NE 68788</u>

If you have any questions, please contact Melissa Knobbe. Contact number – 402-380-2259.

West Point Community Foundation Scholarship Committee

Applicant (Student) Signature of Acceptance

**Special Education** 

### ARC - Elkhorn Valley Scholarship In memory of Hattie Janecek

APPLICATION FOR GRADUATING SENIORS
SEEKING A CAREER INVOLVING SPECIAL EDUCATION

# SCHOLARSHIP APPLICATION CHECKLIST PURSUING POST SECONDARY EDUCATION IN SPECIAL EDUCATION APPLICATION COVER SHEET

<b>A</b> PPLICANT	(STUDENT) NAME:		_ (PLEASE PRINT)
<b>A</b> PPLICATION	ON ITEMS ATTACHED:		
	APPLICANT LETTER (SIGNED)		
	APPLICANT/STUDENT INFORMATION	ON (COMPLETED AND APP	PROPRIATELY SIGNED)
	Two (2) References in sealed West Point Community Found		
	SENIOR PHOTO ATTACHED TO THIS  THIS MUST BE A PHOTO — NOT	•	•
-	Name and Address of Senior F Photographer name/Business Address: Phone Number:	Name:	
THE APP		PLETED, SIGNED AND ATTAC	HED OR
DATED:			
			APPLICANT (STUDENT) SIGNATURE