- 1. Applicant must be a current graduating senior who is attending a West Point High School that is approved and accredited by the State Department of Education.
- 2. Applicant must be seeking continued education at Northeast Community College as a full-time student.
- 3. Any student carrying a minimum of a C average is eligible, with no other scholastic weighting made. All courses offered by NECC are equally recognized.
- 4. Applicant must provide two (2) confidential references with only one being from a teacher. All references should be from a non-relative.
- 5. The Foundation will determine the amount of scholarship awarded each year.
- 6. 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.
- 7. Scholarship monies must be used within one academic year (June 1, 2023 thru June 1, 2024)
- 8. Scholarship monies will be sent to the winner when the Scholarship Committee has been provided with proof that the student has enrolled in school. <u>Proof will be a photocopy of the student's College I.D. card.</u>
- 9. The Scholarship Committee who are members of the West Point Community Foundation will select scholarship winners.
- 10. Applicant must sign a letter of expectation as acceptance.
- 11. INCOMPLETE APPLICATIONS <u>WILL NOT</u> BE ACCEPTED OR CONSIDERED. PLEASE REVIEW YOUR APPLICATION FOR COMPLETENESS TO DETAIL, FILLING OUT ALL REQUESTED INFORMATION. CHECKLIST PROVIDED.
- 12. 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



West Point Community Foundation

Lindberg Northeast Community College Scholarship

Dear Applicant:

The West Point Community Foundation is offering one \$500.00 scholarship to a current graduating senior who will be enrolled at Northeast Community College as a full-time student. If you are chosen to receive this scholarship, it will be necessary for you to complete one year of classes and maintain a minimum 2.0 GPA. If you drop out of school without completing the first semester, we would expect the return of the \$500.00 so the money be used by another student.

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

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

West Point Community Foundation Scholarship Committee

Student Signature of Acceptance

Applicant Name: Date of Birth:							
Parent(s) or Guardian(s)' Name:							
Address of Parent(s) or Guardian(s): Town:							
Current High School Attending:							
Accepted at NECC () Yes () No	Area of Study						
Occupational Interests Upon Graduation f	rom NECC						
Parent/Guardian's Help Working							
Have you applied for Student Aid?	Have you been accepted?						
I hope to be involved in the following activ	vities at NECC						

<u>ATTACHED TO THIS FORM</u> PLEASE STATE IN **200 WORDS OR LESS** why you want to attend NECC; why you have chosen your area of study; what you hope to accomplish after graduation; and why you should be considered for this scholarship.

ADMINISTRATION CERTIFICATION

I hereby certify that ______ has demonstrated good citizenship, character and cooperation in school and community activities and has a satisfactory scholarship record of at least a C or 2.0 average.

CONFIDENTIAL REFERENCE STATEMENT

APPLICANT (STUDENT) NAME:

APPLICANT (STUDENT) ADDRESS:

REFERENCE FROM (NAME):

HOW LONG HAVE YOU KNOWN THE APPLICANT?

IN WHAT CAPACITY?

WHAT DO YOU CONSIDER THE APPLICANT'S STRONG POINTS?

WHAT DO YOU CONSIDER THE APPLICANT'S LIMITATIONS?

PLEASE CIRCLE YOUR RATING THE FOLLOWING CHARACTERISTICS FOR THE APPLICANT OR PLACE A CHECK MARK IN THE BOX BELOW "DO NOT KNOW" IF UNABLE TO RATE. (COMPARED TO THE STUDENTS OF THE SAME AGE AND GRADE).

CHARACTERISTIC	SUP	EDT		AI AVI			A\/I	=D/	AGE	BELOW AVERAGE	DO NOT KNOW
CHARACTERISTIC	30P	CKI	UK	AV		IGE	AV		AGE	AVERAGE	
INTELLECTUAL INTEREST	10	9	8	7	6	5	4	3	2	1	
RELIABILITY	10	9	8	7	6	5	4	3	2	1	
COOPERATION	10	9	8	7	6	5	4	3	2	1	
MATURITY	10	9	8	7	6	5	4	3	2	1	
PERSONAL APPEARANCE	10	9	8	7	6	5	4	3	2	1	
SOCIAL ADAPTABILITY	10	9	8	7	6	5	4	3	2	1	
EMOTIONAL ADAPTABILITY	10	9	8	7	6	5	4	3	2	1	
ABILITY TO SUCCEED IN POST-	10	9	8	7	6	5	4	3	2	1	
SECONDARY EDUCATION											
IMPORTANT											

(UNSIGNED REFERENCES WILL NOT BE CONSIDERED)

SIGNED BY:

REFERENCE MUST BE COMPLETED, RETURNED TO THE APPLICANT IN A SEALED ENVELOPE ADDRESSED TO THE

WEST POINT COMMUNITY FOUNDATION SCHOLARSHIP COMMITTEE FOR THE APPLICANT TO SUBMIT TO THE SCHOLARSHIP COMMITTEE NO LATER THAN <u>MARCH 1, 2023</u>.

West Point Community Foundation Scholarship Committee

Melissa Knobbe, 1040 E Park St, West Point, NE 68788

Phone - 402-380-2259.

CONFIDENTIAL REFERENCE STATEMENT

APPLICANT (STUDENT) NAME:

APPLICANT (STUDENT) ADDRESS:

REFERENCE FROM (NAME):

HOW LONG HAVE YOU KNOWN THE APPLICANT?

IN WHAT CAPACITY?

WHAT DO YOU CONSIDER THE APPLICANT'S STRONG POINTS?

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PLEASE CIRCLE YOUR RATING THE FOLLOWING CHARACTERISTICS FOR THE APPLICANT OR PLACE A CHECK MARK IN THE BOX BELOW "DO NOT KNOW" IF UNABLE TO RATE. (COMPARED TO THE STUDENTS OF THE SAME AGE AND GRADE).

CHARACTERISTIC	SUP	FRT	O R			/E AGE		FR/	AGE	BELOW AVERAGE	DO NOT KNOW
										AVERAGE	
INTELLECTUAL INTEREST	10	9	8	/	6	5	4	3	2	I	
Reliability	10	9	8	7	6	5	4	3	2	1	
COOPERATION	10	9	8	7	6	5	4	3	2	1	
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West Point Community Foundation Scholarship Committee

Melissa Knobbe, 1040 E Park St, West Point, NE 68788

Phone - 402-380-2259.

STUDENT SCHOLARSHIP APPLICATION CHECKLIST COVER

APPLICANT (STUDENT) NAME: (PLEASE PRINT)
APPLICATION	I 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

ALL ITEMS MUST BE COMPLETED, SIGNED AND ATTACHED OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND INELIGIBLE FOR SCHOLARSHIP CONSIDERATION

DATED: _____