- 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 a university, college, or technical school of applicant's choice and pursuing a degree in the field of Journalism.
  - 1) Print Journalism
  - 2) Broadcasting
  - 3) Communication
- 3. Applicant must provide two (2) confidential references with only one being from a teacher. All references should be from a non-relative.
- 4. The Foundation will determine the amount of scholarship awarded each year.
- 5. 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.
- 6. Scholarship monies must be used within one academic year (June 1, 2023 thru June 1, 2024)
- 7. Scholarship monies will be sent to the winner when the Scholarship Committee has been provided with proof that the student has enrolled in school.

  Proof will be a photocopy of the student's College I.D. card.
- 8. The Scholarship Committee who are members of the West Point Community Foundation will select scholarship winners.
- 9. Applicant must sign a letter of expectation as acceptance.
- 10. 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.
- 11. 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

## The Russ Herman Memorial Journalism Scholarship

#### Dear Applicant:

The West Point Community Foundation is offering one (1) \$500.00 scholarship to a current graduating senior who will be pursuing a degree in Journalism. 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 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

Applicant Name:	Date of Birth:	
Parent(s) or Guardian(s)' Name:		_
Address of Parent(s) or Guardian(s) Town:	:	- -
		-
I Plan to Attend (School Name):		_
Accepted () Yes () No	Major Area of Study	
Occupational Interests Upon Gradua	ation from Post Secondary School	
	v: Savings Summer Jobs Scholarsh orking While in School Loans Grants	iips
Have you applied for Student Aid? _	Have you been accepted?	_
High School Activities and Awards:		<u> </u>
Community Activities:		
I hope to be involved in the following	ng activities in College	
ATTACHED TO THIS FORM, PLEASE STA study; 2) what you hope to accomplish after	TE IN <b>200 WORDS OR LESS</b> 1) why you have chosen you er graduation; and 3) why you should be considered for this	r particular area of scholarship.
ADMI	NISTRATION CERTIFICATION	
I hereby certify thatleadership, citizenship, character, and scholarship record in all high school sul Average numerical grade in all l Number of students in applicant Applicant's rank in class	high school subjects  t's class	has a satisfactory
	Superintendent, Principal or Guidance C	Counselor Signature

**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	ERI	OR		BO\ ERA	/E \GE	AVE	ERAG	Е	BELOW AVERAGE	DO NOT KNOW
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 SECONDARY EDUCATION	10	9	8	7	6	5	4	3 2		1	
	1						1				

#### **IMPORTANT**

(UNSIGNED REFERENCES WILL NOT BE CONSIDERED)

SIGNED BY:

REFERENCE MUST BE COMPLETED, RETURNED TO THE APPLICANT IN A <u>SEALED ENVELOPE ADDRESSED TO</u> THE **WEST POINT COMMUNITY FOUNDATION SCHOLARSHIP COMMITTEE** FOR THE APPLICANT TO SUBMIT TO THE SCHOLARSHIP COMMITTEE NO LATER THAN **MARCH 1, 2023**.

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?
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).

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#### **IMPORTANT**

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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

<b>A</b> PPLICANT	(PLEASE PRINT)
<b>A</b> PPLICATI	ON 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:
THE API	ALL ITEMS MUST BE COMPLETED, SIGNED AND ATTACHED OR PLICATION WILL BE CONSIDERED INCOMPLETE AND INELIGIBLE FOR SCHOLARSHIP CONSIDERATION
DATED:	
	APPLICANT (STUDENT) SIGNATUR