- 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, 2024 thru June 1, 2025)
- 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>
- 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, 2024.** 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 expect the return of the \$500.00 so the money can 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> <u>sign this letter of expectation</u> to indicate that you accept these requirements and <u>return it with</u> <u>your application</u> by <u>March 1, 2024</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

Applicant (Student) Signature of Acceptance

Date

Applicant Name:	Date of Birth:
Parent(s) or Guardian(s)' Name:	
Address of Parent(s) or Guardian(s): Town:	
High School Currently Attending:	
I Plan to Attend (School Name):	
Accepted () Yes () No Major Area of Stu	idy
Occupational Interests Upon Graduation from Post Sec	condary School:

#### PLEASE ATTACH RESUME COVERING AT LEAST THESE CATEGORIES:

HIGH SCHOOL ACTIVITIES AND AWARDS

**COMMUNITY ACTIVITIES** 

ANY WORK EXPERIENCE

I hope to be involved in the following activities in College: \_\_\_\_\_

**ATTACHED TO THIS FORM** PLEASE STATE IN **400 words or LESS** 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 shown outstanding ability as is evidenced by his/her leadership, citizenship, character, and cooperation in school and community activities and has a satisfactory scholarship record in all high school subjects.

Average numerical grade in all high school subjects	
Number of students in applicant's class	
Applicant's rank in class	

Superintendent, Principal or Guidance 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).

				A	/E				BELOW	DO NOT	
CHARACTERISTIC	SUP	ERI	OR	AVI	ER/	GE	AV	ER/	٩GE	AVERAGE	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	
<b>EMOTIONAL ADAPTABILITY</b>	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 <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, 2024.

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).

				A	/E				BELOW	DO NOT	
CHARACTERISTIC	SUP	ERI	OR	AVI	ER/	GE	AV	ER/	<b>\GE</b>	AVERAGE	KNOW
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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 <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, 2024**.

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	N ITEMS ATTACHED:	
	Applicant Letter (signed)	
	APPLICANT/STUDENT INFORMATION (COMPLETED AND APPLICANT/STUDENT INFORMATION (STUDENT)	ROPRIATELY SIGNED)
	ESSAY	
	Two (2) References in sealed envelopes – envelopes West Point Community Foundation Scholarship Cor	
	SENIOR PHOTO ATTACHED TO THIS CHECKLIST (PLEASE DO THIS MUST BE A PHOTO – NOT A COPY ON REGULAR PA	

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