

Lindberg Northeast Community College Scholarship

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, 2021 thru June 1, 2022)
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.
Proof will be a photocopy of the student's College I.D. card.
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 **WILL NOT** 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 18, 2021.** SEND TO:

Wendy Ridder,
c/o Bracht Law
PO Box 252
West Point, NE 68788

West Point Community Foundation Scholarship Committee

Wendy Ridder - Chair Phone Work: 402-372-5500; Cell: 402-380-1562

WP



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WEST POINT COMMUNITY FOUNDATION

**“PASSING A TORCH
TO OUR FUTURE”**

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. Please sign this letter of expectation to indicate that you accept these requirements and return it with your application by [March 18, 2021](#) to [Wendy Ridder, c/o Bracht Law, PO Box 252, West Point, NE 68788](#)

If you have any questions, please contact Wendy Ridder. Contact numbers are work – 402-372-5500 and cell – 402-380-1562.

West Point Community Foundation Scholarship Committee

Student Signature of Acceptance

Lindberg Northeast Community College Scholarship

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 from NECC _____

I expect to pay for my education by: ___ Savings ___ Summer Jobs ___ Scholarships
___ Parent/Guardian's Help ___ Working While in School ___ Loans ___ Grants

Have you applied for Student Aid? _____ Have you been accepted? _____

High School Activities and Awards: _____

Community Activities: _____

I hope to be involved in the following activities at NECC _____

ATTACHED TO THIS FORM 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.

Superintendent, Principal or Guidance Counselor Signature

Lindberg Northeast Community College Scholarship

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	SUPERIOR	ABOVE AVERAGE	AVERAGE	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	

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 **MARCH 18, 2021.**

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STUDENT SCHOLARSHIP APPLICATION CHECKLIST COVER

APPLICANT (STUDENT) NAME: _____ (PLEASE PRINT)

APPLICATION 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
THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND INELIGIBLE FOR SCHOLARSHIP CONSIDERATION**

DATED: _____

APPLICANT (STUDENT) SIGNATURE