- 1. APPLICANT MUST BE A CURRENT GRADUATING SENIOR WHO IS ATTENDING A CUMING COUNTY HIGH SCHOOL BANCROFT-ROSALIE, GUARDIAN ANGELS CENTRAL CATHOLIC, WEST POINT-BEEMER, OR WISNER-PILGER THAT IS APPROVED AND ACCREDITED BY THE STATE DEPARTMENT OF EDUCATION.
- 2. APPLICANT MUST BE SEEKING CONTINUED EDUCATION AT A **NEBRASKA** UNIVERSITY, COLLEGE, TECHNICAL OR TRADE SCHOOL OF APPLICANT'S CHOICE.
- 3. APPLICANT MUST HAVE A MINIMUM OF A "C" AVERAGE ON THE ALPHA SCALE OR 2.0 NUMERICALLY. NO EMPHASIS IS GIVEN FOR ACADEMIC SUCCESS OTHER THAN THE APPLICANT HAVING MET THIS REQUIREMENT.
- 4. APPLICANT MUST PROVIDE TWO (2) CONFIDENTIAL REFERENCES. BOTH REFERENCES SHOULD BE FROM NON-RELATIVES.
- 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)
- 7. Scholarship funds will be sent to the selected recipient 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, Technical or Trade School I.D. card.**
- 8. THE SCHOLARSHIP COMMITTEE WHO ARE MEMBERS OF THE WEST POINT COMMUNITY FOUNDATION WILL SELECT SCHOLARSHIP RECIPIENTS.
- 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. Five (5) SCHOLARSHIPS WILL BE AWARDED TO EACH OF THE FOUR (4) HIGH SCHOOLS IN CUMING COUNTY, A TOTAL OF TWENTY (20) SCHOLARSHIPS AWARDED.
- 12. 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 Doint Community Foundation

HENRY AND RAMONA STALP SCHOLARSHIP

Dear Applicant:

Through the West Point Community Foundation, the Henry A. Stalp and Ramona F. Stalp Foundation is offering twenty (20) \$1,000 scholarships to current graduating seniors who are attending one of the four Cuming County High Schools – Bancroft-Rosalie, Guardian Angels Central Catholic, West Point-Beemer, and Wisner-Pilger. **Five scholarships will be awarded at each named school.** Scholarship recipients must plan on obtaining post-secondary education at a **Nebraska** university, college, technical or trade school. Applicants must have acquired a minimum of a "C" grade average on the alpha scale or 2.0 on the numeric scale during their high school experience.

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 2.0 GPA. If you drop out of school without completing the first semester, we expect the return of the scholarship funds 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. **Please sign this letter of expectation** to indicate that you accept these requirements and <u>return it with your application</u> by March 1, 2024, 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 (STUDENT) NAME: | Date of Birth: |
|--|--|
| PARENT(S) OR GUARDIAN(S)' NAME: | |
| Address of Parent(s) or Guardian(s): Town: | |
| CUMING COUNTY HIGH SCHOOL CURRENTLY ATTENDING: | |
| I PLAN TO ATTEND (NEBRASKA SCHOOL NAME): | |
| ACCEPTED () YES () NO MAJOR AREA OF STUDY _ | |
| OCCUPATIONAL INTERESTS UPON GRADUATION FROM POST SECO | |
| 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 COLLEC | |
| ATTACHED TO THIS FORM PLEASE STATE IN 400 WORDS OR LE what you hope to accomplish after graduation; and why scholarship. ADMINISTRATION CE | you should be considered for this |
| I hereby certify that has cooperation in school and community activities and has C or 2.0 average. Number of Students in Class: Applicant's Rank in Class: ACT Score: | lemonstrated good citizenship, character and a satisfactory scholarship record of at least a |

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).

| KNOW IF UNA | LL IO IV | ,,r, (, | COPIFA | KED IO III | LJ | ODLINIS | OI IIIL | SAIIL | AOL A | IND GRADE J. | |
|--|----------|---------|--------|------------|----|---------|---------|-------|-------|--------------|--------|
| | | | | ABOVE | | | | | | BELOW | DO NOT |
| CHARACTERISTIC | SUPERIOR | | | AVERAGE | | | AVERAGE | | | 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 | |
| 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 <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 <u>MARCH 1, 2024</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? |
| |
| |
| |
| 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).

| INIOW IF UNAL | | | | ABOV | | | | BELOW | DO NOT |
|--|----------|---|---|-------|----|------|-----|----------------|--------|
| CHARACTERISTIC | SUPERIOR | | | AVERA | GE | AVER | AGE | 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 | |
| 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 <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.

SCHOLARSHIP APPLICATION CHECKLIST COVER

| APPLICANT (| (STUDENT) NAME: (PLEASE PRINT) |
|--------------------|--|
| A PPLICATIO | N ITEMS ATTACHED: |
| | APPLICANT LETTER (SIGNED) |
| | APPLICANT/STUDENT INFORMATION (COMPLETED AND APPROPRIATELY SIGNED) |
| | ESSAY |
| | 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. |

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