Allison Roeber Memorial 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 a university, college, or technical school of applicant's choice and pursuing a degree in the field of Child Protection.
    1) Health Care
    2) Law Enforcement
    3) Social Work
    4) Elementary Teacher
    5) Any other child protection education

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 number of scholarships 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, 2027 thru June 1, 2028)

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 **will not** 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, 2027.** Send to:

    Melissa Knobbe, Co-Chair of
    WPCF Scholarship Committee
    1040 E Park St
    West Point, NE 68788
    Cell: 402-380-2259

WP CF

WEST POINT COMMUNITY FOUNDATION

"PASSING A TORCH TO OUR FUTURE"

Allison Roeber Memorial Scholarship

Dear Applicant:

The West Point Community Foundation is offering $500.00 scholarships to graduating seniors who will be enrolled in a field that will help children. If you are chosen to receive one of these scholarships, it will be necessary for you to complete at least one (1) year of classes and maintain a minimum 2.5 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 **return it with your application** by March 1, 2027, 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*

Allison Roeber Memorial Scholarship

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 STUDY _____

OCCUPATIONAL INTERESTS UPON GRADUATION FROM POST SECONDARY 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

Allison Roeber Memorial 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 1, 2027**.

West Point Community Foundation Scholarship Committee

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

Phone – 402-380-2259.

Allison Roeber Memorial 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 1, 2027**.

West Point Community Foundation Scholarship Committee
Melissa Knobbe, 1040 E Park St, West Point, NE 68788
Phone – 402-380-2259.

Allison Roeber Memorial Scholarship

Student Scholarship
Application Checklist Cover

Applicant (Student) Name: _____ (please print)

Application 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