Special Education
ARC – Elkhorn Valley Scholarship
In memory of Hattie Janecek

Application for Graduating Seniors
Seeking a career involving Special Education

1. Applicant must be a current graduating senior **who is attending a Cuming County High School** that is approved and accredited by the State Department of Education.
2. Applicant must be seeking continued education at a university or college of applicant's choice and pursuing a degree in the field of Special 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. 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.
5. Scholarship monies must be used within one academic year (June 1, 2027 thru June 1, 2028)
6. 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.
7. The Scholarship Committee, who are members of the West Point Community Foundation, will select scholarship winners.
8. **Applicant must sign a letter of expectation as acceptance.**
9. Incomplete applications **will not** be accepted or considered. Please review your application for completeness to detail, filling out all requested information. Checklist provided.
10. 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

WPCF

West Point Community Foundation

"Passing A Torch
To Our Future"

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Dear Applicant:

The West Point Community Foundation is offering a scholarship to graduating seniors who must plan on obtaining a degree from an accredited college including a Special Education minor/endorsement. 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 2.5 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*

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1. Completing this application and fulfilling all the requirements will allow you to be considered for this scholarship. You must be a successful graduate of a Cuming County High School. The scholarship recipient will be selected by the West Point Community Foundation Scholarship Committee. You must plan on obtaining a degree from an accredited college including a Special Education minor/endorsement. Funds must be used for tuition, books, or room and board. Funds will be disbursed when proof has been provided that the student has enrolled in school. Proof will be a photocopy of the student's school ID card.

Name _____

Home Address _____
Street Address or P.O. Box

_____
City State Zip Code County

Phone _____ Date of high school graduation _____

Parent/Guardian(s) Name(s) _____

Parent/Guardian(s)' Address _____
Street Address or PO Box City State Zip Code

All information on this scholarship and attachments shall remain confidential and shall be used solely for the purpose of evaluation of eligibility by the Scholarship Committee.

EDUCATIONAL GOALS

Attached to this form, in 400 words or less, please state your educational goals and why you would like to be considered for this scholarship.

ANTICIPATED EDUCATIONAL PLANS

Please indicate where you plan to continue your education _____

Name of School _____ Campus Location _____

Major/Program of Study _____ Length of Major/Program _____

Have you been accepted? ___/ Yes ___/ No Date accepted _____

Starting Date _____

Complete address of Admissions Office _____
Name of School

_____
Street Address or PO Box City State Zip Code

List all scholarships and financial aid you have been offered and the amount of each: _____

_____

_____

How do you expect to pay for your education? Check all that apply:
__/ Savings __/ Work __/ Parents' Help __/ Scholarships __/ Loans __/ Grants

STUDENT EMPLOYMENT HISTORY

EMPLOYER NAME	EMPLOYMENT DATES	RESPONSIBILITIES

ACTIVITIES AND HONORS

Please attach a resume listing any school, community, or church activities you have been involved with during the past four years. Please include any honors, leadership positions, or special recognitions.

STUDENT/PARENT CERTIFICATION

We **(the applicant and parent/guardian)** certify that the information contained in this application is correct to the best of our knowledge, and authorize your High School staff to release personal, academic, and test data for the purpose of review by the appropriate West Point Community Foundation Scholarship Committee. We understand that the purpose of this is to make as objective a decision as possible regarding the selection of scholarship recipients. We also understand that any misleading or untrue information will render this application invalid.

Student/Applicant Signature _____ Date_____

Parent/Guardian Signature _____ Date_____

SCHOLARSHIP APPLICATION PROCEDURES

1. Complete this scholarship application form.
2. Provide a high school transcript, current through the fall semester of your senior year.
3. Have two (2) recommendation forms completed. Select a faculty member, school administrator or other staff, church member or official, or other person who can attest to your qualifications. Do not use family members. Use the accompanying reference forms for this purpose.
4. All of the above items must be submitted to the **West Point Community Foundation Scholarship Committee c/o Melissa Knobbe, 1040 E Park St, West Point, NE 68788** by **March 1, 2027**.

ACADEMIC STANDING

(TO BE COMPLETED BY HIGH SCHOOL SUPERINTENDENT, PRINCIPAL OR GUIDANCE COUNSELOR)

STUDENT'S CUMULATIVE GPA:_____	CLASS RANK: _____	AFTER _____ SEMESTERS

COMMENTS (IF ANY):

_____

_____

_____

_____

_____

_____

_____

_____

_____

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_____

HIGH SCHOOL OFFICIAL'S SIGNATURE: _____

TITLE_____ DATE: _____

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Because of the volume of requests for references and letters of recommendation, this form will be used for both purposes.

Applicant: Part of the application process for scholarships is for the applicant to provide supporting information with the scholarship application. Therefore, this reference form must be given to those the applicant feels are competent and capable of giving a clear assessment of the applicant's accomplishments, abilities, and potential.

Directions: Applicant completes #1 through #4, and provides an addressed envelope to the name and address shown in #4. The Applicant collects the two recommendation forms in the sealed envelopes and submits them with the application.

1. Applicant's Name: _____
2. Applicant's Address: _____
3. Scholarship being applied for: **ARC–Elkhorn Valley Scholarship in Memory of Hattie Janecek-Special Education Career**.
4. The person completing this reference should return to the Applicant in a sealed envelope addressed to **West Point Community Foundation Scholarship Committee, Melissa Knobbe, 1040 E Park St, West Point, NE 68788**

The above-named individual is applying for a scholarship. In conjunction with the review of the scholarship application, you are being asked to provide the following information. All recommendation and references are confidential and will be shared only with the Scholarship Selection Committee. They will then be destroyed.

How long have you known the applicant? _____ In what capacity? _____

Your candid and objective appraisal of the applicant's qualifications is valued by the Selection Committee and must be returned per the instructions in #4 above. Please answer the following using the scale of: 1-3 Poor; 4-6 Average; 7-9 Excellent; 0, Unknown

The applicant's chances for success in a post secondary school are :	1 2 3 4 5 6 7 8 9 0
I rate the applicant's motivation to learn as:	1 2 3 4 5 6 7 8 9 0
The applicant's oral expression skills are:	1 2 3 4 5 6 7 8 9 0
The applicant's self-discipline is:	1 2 3 4 5 6 7 8 9 0
The overall quality of the applicant's work has been:	1 2 3 4 5 6 7 8 9 0
The applicant's ability to work with others:	1 2 3 4 5 6 7 8 9 0
The applicant's attendance at school/work is:	1 2 3 4 5 6 7 8 9 0
The applicant's dependability and reliability is:	1 2 3 4 5 6 7 8 9 0
I would rate the applicant's respect for superiors as:	1 2 3 4 5 6 7 8 9 0
I would rate the applicant's respect for peers as:	1 2 3 4 5 6 7 8 9 0
I would rate the applicant's leadership abilities as:	1 2 3 4 5 6 7 8 9 0
The applicant's willingness to make a positive commitment to the school/community is:	1 2 3 4 5 6 7 8 9 0

Add total points here: _____ Divide by the number of items responded to: _____ Average Points: _____

Additional Comments: _____

_____

_____

Signature of Reference Date

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Directions: Applicant completes #1 through #4, and provides an addressed envelope to the name and address shown in #4. The Applicant collects the two recommendation forms in the sealed envelopes and submits them with the application.

1. Applicant's Name: _____
2. Applicant's Address: _____
3. Scholarship being applied for: **ARC–Elkhorn Valley Scholarship in Memory of Hattie Janecek-Special Education Career**.
4. The person completing this reference should return to the Applicant in a sealed envelope addressed to **West Point Community Foundation Scholarship Committee, Melissa Knobbe, 1040 E Park St, West Point, NE 68788**

The above-named individual is applying for a scholarship. In conjunction with the review of the scholarship application, you are being asked to provide the following information. All recommendation and references are confidential and will be shared only with the Scholarship Selection Committee. They will then be destroyed.

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The applicant's attendance at school/work is:	1 2 3 4 5 6 7 8 9 0
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The applicant's willingness to make a positive commitment to the school/community is:	1 2 3 4 5 6 7 8 9 0

Add total points here: _____ Divide by the number of items responded to: _____ Average Points: _____

Additional Comments: _____

_____

_____

Signature of Reference Date

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Scholarship Application Checklist

Pursuing Post Secondary Education in Special Education

Application Cover Sheet

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