### STUDENT APPLICATION FORM

Jack Jones, Scholarship Coordinator PO Box 621 Chappell, NE 69129 (308) 874-2532

## VIRGINIA D. SMITH SCHOLARSHIP

Due April 20th

#### **ELIGIBILITY**

1. Applicant must be graduating senior from one of the 72 Nebraska High Schools selected to be part of the Scholarship Program.

2. Applicant must have a "C" average to be eligible.

- 3. Applicant must be able to demonstrate a financial need. Such as: have other members of the family in college that places a financial burden on parents/guardians/grandparents; study time vs. part time employment; having limited savings; and, needed in school clubs or other activities.
- 4. Applicant need not enroll in a program leading to a Bachelor's Degree, but rather may wish to pursue a course leading to a Vocational Technical Certificate or an Associate Degree at one of the Community Colleges.
- 5. Scholarship must not be used to supplement a Regents, Board of Trustee, Presidents or receiving \$2,000 from other awarded scholarships, would make applicant ineligible for this scholarship. Should you find yourself in this situation, please visit your career counselor immediately.

#### HOW TO APPLY

- 1. Have one of your administrators, (Supt/Prin/Couns), a teacher of your choice, an employer, (if applicable) complete the recommendation form.
- 2. Return your application to your counselor. Counselor will be responsible for collecting recommendation forms. Employer should send their recommendation to your counselor. (Check with counselor by April 20 to see if all forms have been completed and received.

# APPLICATION FOR VIRGINIA D. SMITH CHARITABLE TRUST SCHOLARSHIP

Name				
Mailing Address				
	P.O. Box	City	ST	Zip Code
Home Telephone		Social Security Num	nber	
	(The Social Securit	y number is needed for the college to	apply the funds to the proper a	iccount)
Name of Parents or	Guardians			
High School I Atten	d			
School I Plan to atte				
	-	Name	Address	
Please explain why	you have a finar	ncial need for this scholar	rship:	
What is your special	academic intere	est and career:		
Have you had any wo	ork experience:			
				8
Signature of Applica	nt			

I am aware that this scholarship must not be used to supplement a Regents, Board of Trustees, Presidents, or \$2,000 or more awarded from other scholarships which would make me ineligible for a Virginia D. Smith Foundation Scholarship, and that Scholarship must be used in the STATE OF NEBRASKA.

# VIRGINIA D. SMITH SCHOLARSHIP

## RECOMMENDATION FORM

Name of Applicant						
Name of School						
How long and in what capacity have you known this applicant:						
Please state why you feel this applieducation:	cant would	be a good cl	noice for financial need	to further his/her		
How firm is the applicant's commitment to his/her proposed field of study?						
Signed						
Title of Position		e		•		
Date		e .		. 1		
Should you be unable to answer any	of the above	e, write N/A	on statement.			
Additional remarks:			a a			