**JODELLE A. OBERMIER SCHOLARSHIP**

**APPLICATION FORM**

Scholarship available to a current graduating senior who attends York High School or attends Cross County High School but resides in York County. Please complete the form below for scholarship consideration. This information will help the Mrs. Joyce C. Myers in the selection of scholarship recipients. Guidance Counselor: Please submit to the York Community Foundation, 603 N Lincoln Ave, York, NE 68467 by March 15th.

**PERSONAL DATA:**

Name: Click here to enter text. Birth date: Click here to enter a date.

Personal/Non-School Email Address: Click or tap here to enter text.

Parent/Guardians Name: Click here to enter text.

Address: Click here to enter text.

Brothers/Sisters (List age and grade level)

Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

Father’s Occupation: Click here to enter text.

Mother’s Occupation: Click here to enter text.

**SCHOOL DATA:**

Grade Point Average: Click here to enter text. Class Rank: Click here to enter text.

School you will attend: Click here to enter text. Degree: Click here to enter text.

Have you been accepted? Click here to enter text. Major/vocation: Click here to enter text.

ACT/SAT Score: Click here to enter text.

**FINANCIAL DATA:**

List scholarships you have applied for and/or received:

Click here to enter text.

**FINANCIAL NEEDS INFORMATION:**

How much will it cost you to attend school? A. Click here to enter text.

How much of this cost will you contribute? B. Click here to enter text.

How much of this cost will your parents contribute? C. Click here to enter text.

State the amount of money you will need. D. Click here to enter text. (B+C+D=A)

**STUDENT QUESTIONAIRE:**

In order that the scholarship selection committees might become more familiar with your qualifications, please complete the following questions in the space provided.

1. What course of study or training will you pursue at your chosen institution and why have you chosen this field?

Click here to enter text.

1. Briefly describe the personal and career goals that you have set for yourself.

Click here to enter text.

1. What experience have you had that helped you decide to choose this type of training?

Click here to enter text.

1. Briefly describe the school and community activities that you have been involved in.

Click here to enter text.

**REFERENCES:**

Below, list the three references who will be supplying letters of recommendation in support of your scholarship application.

Name: Click here to enter text. Phone #: Click here to enter text.

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Name: Click here to enter text. Phone #: Click here to enter text.

**REFERENCE FORM**

**CONFIDENTIAL:**

This form is not seen by the applicant. Please return to the High School Guidance Office in the envelope provided.

Name of the applicant: Click here to enter text.

Relationship to the applicant: Click here to enter text.

How long have you known the applicant? Click here to enter text.

Date: Click here to enter text.

Name: Click here to enter text. Position: Click here to enter text.

Company: Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

**STATEMENT:** In the space below, please type or print one or more paragraphs giving specific statements concerning the applicant’s qualifications, special interest, special abilities, potentials or limitations which would be helpful to a selection committee considering this applicant for scholarships.

Click here to enter text.