PHELPS COUNTY COMMUNITY FOUNDATION, INC.
ORLEANS DISTRICT SCHOLARSHIP

APPLICANT'S NAME: _____

SOCIAL SECURITY NUMBER: _____

COMPLETE MAILING ADDRESS: _____

PARENTS OR GUARDIANS: _____

HIGH SCHOOL ATTENDED: _____

ANTICIPATED GRADUATION DATE: _____

CUMULATIVE GPA THROUGH SEVEN SEMESTERS: _____

CLASS RANK AT THE END OF SEVEN SEMESTERS: _____

POST-SECONDARY SCHOOL PLANNING TO ATTEND: _____

PLANNED MAJOR OR AREA OF STUDY: _____

PLANNED VOCATIONAL GOAL: _____

CRITERIA FOR THIS SCHOLARSHIP:

Student must plan to attend an accredited college, technical school or university which qualifies as a tax exempt institution (minimum 2-year program); consider both academics and need; must reside in the former Orleans School District.

On another sheet of paper, please attach your **resume**. Include your scholastic accomplishments, activities, recognitions and awards as well as any community involvements. Be sure to include leadership positions and any volunteer or work experience. This is your chance to let the selection committee know your personal strengths. Also, please include a **short summary** of why you have chosen your particular vocational goal and how this scholarship will be of help to you.

Please enclose a wallet-size photograph suitable for publication. Print name on back of photo with soft tip pen. (The Foundation considers receipt of photo as applicant's permission to publish.)

_____ _____

Student Signature Date

DEADLINE DATE IS FEBRUARY 16TH

MAIL THIS COMPLETED APPLICATION
AND REQUESTED ATTACHMENTS TO:

PHELPS COUNTY COMMUNITY FOUNDATION, INC.
701 FOURTH AVENUE, SUITE 2A
HOLDREGE, NEBRASKA 68949

2009 Form