



**GHS Class of 1968 Memorial Scholarship Fund
APPLICATION GUIDELINES**

(Please type responses to these pages. If you need to attach additional pages, please mark appropriately.)

DEADLINE: March 17, 2020

Purpose: *The GHS Class of 1968 Memorial Scholarship Fund makes this scholarship available to students who are currently a graduating senior at the Gretna Public High School.*

Award: *The Fund shall annually distribute one (1) scholarship in the total amount of \$1,000, split evenly per semester (i.e., \$500 Fall Semester, and \$500 Spring Semester).*

NAME: _____ DATE: _____

CURRENT ADDRESS: _____

CELL/HOME TELEPHONE: (____) ____-____ SOCIAL SECURITY #: ____-____-____

PARENTS'/GUARDIANS' NAMES & ADDRESSES (IF DEPENDENT): _____

DATE OF BIRTH: _____

CRITERIA

Must meet this to qualify for application process:

- a. Be a current, graduating senior.

Selection of the scholarship recipient shall be made from the qualifying applicants of the above-identified charitable class, based on the following criteria:

- a. The recipient must show financial need. *(weight 30%)*
- b. Involvement in non-academic, extra-curricular activities. *(weight 30%)*
- c. The recipient must show active volunteerism. *(weight 10%)*
- d. Number of years in the Gretna Public School system _____. *(weight 20%)*
- e. Descendant of a family member from the 1968 Gretna graduating class _____ (relationship) *(weight 10%)*
- f. Submission of the application by the deadline date.



GHS Class of 1968 Memorial Scholarship
(Please type scholarship information on this Word Document)
DEADLINE: March 17, 2020

Criteria: Must be a current graduating senior at the Gretna Public High School.

Student Name: Last: _____ First: _____ Social Security: _____

Address: _____ Student's Phone or Cell #: _____

Father: _____

Occupation: _____

Employment: _____

Mother: _____

Occupation: _____

Employment: _____

I live with: _____ Mother
_____ Father
_____ Both Parents
_____ Other: _____

Household Income: _____ Less than \$24,999
_____ \$25,000 to \$49,999
_____ \$50,000 to 99,999
_____ \$100,000 or more

Siblings:

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Must meet this to qualify for application process:

- a. Be a current, graduating senior.

Other Information needed for scholarship:

- a. Number of years in the Gretna Public School system _____.
- b. Descendant of a family member of the 1968 Gretna graduating class. _____ (Relationship)

List the Colleges, Universities, Community Colleges or Vocational/Technical Schools wanting to attend:

First Choice: _____

Second Choice: _____

List all Scholarships you have been awarded as of the date of application (University – Amounts -Renewable):

- 1. _____
- 2. _____

Work Experience (Employer – Dates – Contact Information):

- 1. _____
- 2. _____



GHS Class of 1968 Memorial Scholarship
(Please type scholarship information on this Word Document)

4. **What are your goals for the future? What are you doing to obtain these goals?**

Please Attach to the Scholarship:

1. Attach an applicant resume.

Applicant Signature

Date

DELIVER OR SEND THIS APPLICATION AND ATTACHMENTS TO:

**Gretna Public Schools Foundation
ATTN: Sarah Roarty
11717 S. 216th Street
Gretna, NE 68028**

DEADLINE: March 17, 2020

*****YOU WILL BE NOTIFIED OF THE RESULTS OF YOUR APPLICATION*****