

Mark and Rose Delaney Memorial Scholarship DEADLINE: April 8, 2024

Award: The Fund shall annually distribute one (1) scholarship in the total amount of \$500.

(Please type scholarship information on this Word Document)

Student Name: Last:	First:	S	ocial Security:
Address:	Student's Phone or Cell #:		
O			
\$25,0	than \$24,999 00 to \$49,999 00 to \$99,999		
Siblings:		Cabaali	
Name:			
Name:			
Must meet this to qualify for application. a. Be a current or incoming his Archdiocese of Omaha Cat Selection of the scholarship red a. The recipient must show find b. Involvement in non-academ c. Submission of a verification	gh school student at a holic Schools. cipient shall be made to ancial need. nic, extra-curricular act of the student's seme	from the following of tivities. ester grades and co	criteria: ontinued enrollment.
d. The student, the student'se. Submission of application b	· ·	extended family h	nas/had cancer affect their life.
List all Scholarships you have been	n awarded, if any:		
1			
2			



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1.	What community service activities have you been involved in and why?
2.	Why do you want this scholarship? Include any extenuating financial circumstances.
3.	Please submit an essay on how cancer affected you or a family member(s)?



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4.	What are your goals for the future? What are you doing to obtain these goals?
	e Attach to the Scholarship:
1.	Submission of verification of student enrollment at an Archdiocese of Omaha Catholic High School
2.	If applicable, attach an applicant resume.

DELIVER OR SEND THIS APPLICATION AND ATTACHMENTS TO:

Date

Applicant Signature

Midlands Community Foundation c/o Mark and Rose Delaney Memorial Scholarship 217 N. Jefferson Street Papillion, NE 68046

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YOU WILL BE NOTIFIED OF THE RESULTS OF YOUR APPLICATION