

Mark and Rose Delaney Memorial Scholarship DEADLINE: April 15, 2025

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:	Social Security:	
Address:	Stud	ent's Phone or Cell #:	
Occupation:			
Occupation:			
	Less than \$24,999 \$25,000 to \$49,999 \$50,000 to \$99,999 \$100,000 or more		
Siblings:	\$100,000 of more		
Name:	Grade:	School:	
Name:	Grade:	School:	
Name:	Grade:	School:	
Archdiocese of O Selection of the scho a. The recipient mus b. Involvement in no c. Submission of a v d. The student, the	coming high school student at a maha Catholic Schools. larship recipient shall be made at show financial need. on-academic, extra-curricular accepted to the student's semi	.	
·	have been awarded, if any:		
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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