



**Papillion Softball Woolhiser Memorial Scholarship Fund
APPLICATION GUIDELINES**

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

DEADLINE: April 8, 2024

Purpose: *The purpose of the Fund is to encourage, solicit, receive, and distribute scholarships to assist qualified recipients in their pursuit of higher education who are currently or have participated in the Papillion Recreational Organization Softball Program for a minimum of (3) three years and attends high school in the Papillion LaVista School District.*

Award: *The Fund shall annually distribute four (4) scholarships ((2) to Papillion LaVista High School for \$500 and (2) to Papillion LaVista South High School for \$500).*

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. Must be a current, graduating female senior from the Papillion LaVista School District.
- b. Must have played in the Papillion Softball Organization.

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 does not need to show financial need.
- b. A letter from the school office stating that the applicant has maintained a minimum of 2.5 GPA.
- c. Submission of a verification of the student's continued enrollment from the high school.
- d. Submission of the application by the deadline date.



**Papillion Softball Woolhiser Memorial Scholarship Fund
SCHOLARSHIP APPLICATION**

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

DEADLINE: April 8, 2024

Criteria: Is a graduating female senior from Papillion LaVista and Papillion LaVista South High Schools and who have participated in the Papillion Recreational Organization Softball Program for a minimum of (3) three years.

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: _____

Siblings:

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Must meet these to qualify for application process:

- a. Must be a current, graduating female senior from the Papillion LaVista District.
- b. Must have played in the Papillion Softball Organization.

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. _____



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SCHOLARSHIP APPLICATION**

3. Why do you want this scholarship? Include any extenuating financial circumstances.

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



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SCHOLARSHIP APPLICATION**

Please Attach to the Scholarship:

1. Transcript from High School – applicant must maintain a standard GPA of 2.5
2. Attach an applicant resume.

Applicant Signature

Date

DELIVER OR SEND THIS APPLICATION AND ATTACHMENTS TO:

Midlands Community Foundation
c/o Papillion Softball Woolhiser Memorial Scholarship Fund
217 N. Jefferson Street
Papillion, NE 68046

DEADLINE: April 8, 2024

YOU WILL BE NOTIFIED OF THE RESULTS OF YOUR APPLICATION