

# MAURIE VAN NOSTRAND MEMORIAL SCHOLARSHIP

## APPLICATION FORM

One \$1,000 scholarship is available to a current graduating senior at Cross County High School who resides in York County.

To apply for this scholarship: Submit the following: 1) this application 2) high school transcript and 3) two letters of recommendation to the Cross County High School Guidance Counselor **or** the York Community Foundation, 603 N Lincoln Ave, York, NE 68467 or by email to [ycf@yorkchamber.org](mailto:ycf@yorkchamber.org). For any questions or technical concerns, please contact Kristine Richert, York Community Foundation Executive Director, by email at [ycf@yorkchamber.org](mailto:ycf@yorkchamber.org) or by phone, 402-362-5531. **Deadline for application is February 28.**

### PERSONAL DATA:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Student Personal Email: \_\_\_\_\_ Student Cell Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_

Brothers/Sisters (List age and grade level)

Father's Occupation: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

### SCHOOL DATA (please submit a high school transcript):

**Numeric** Grade Point Average: \_\_\_\_\_ ACT/SAT Score: \_\_\_\_\_

Class Rank: \_\_\_\_\_ Total students in your class: \_\_\_\_\_

School you will attend: \_\_\_\_\_ Degree: \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ Major/vocation: \_\_\_\_\_



## FINANCIAL NEEDS INFORMATION:

How much will it cost you to attend school?

How much of this cost will you contribute?

How much of this cost will your parents contribute?

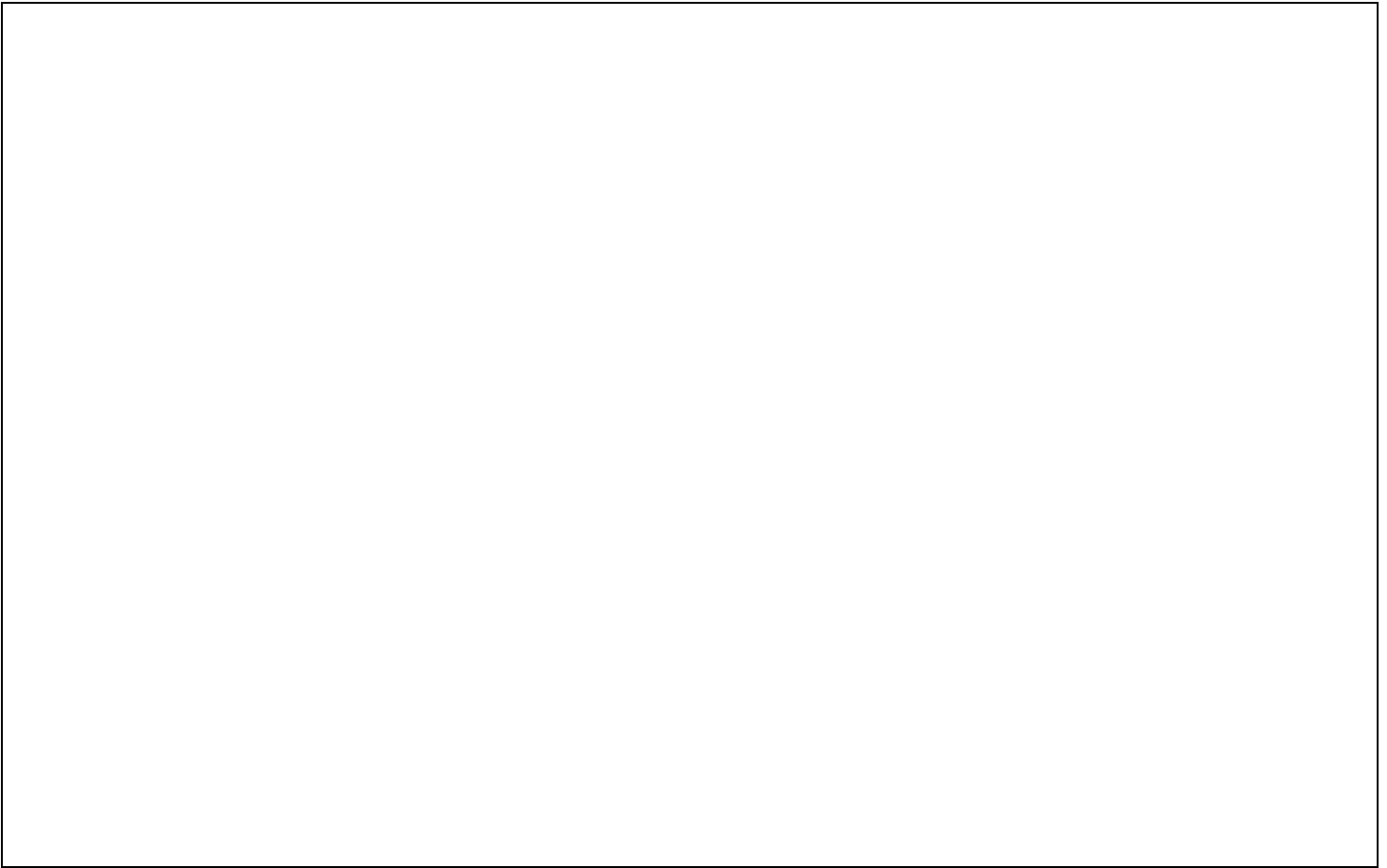
## STUDENT QUESTIONNAIRE:

In order that the scholarship selection committee might become more familiar with your qualifications, please complete the following questions in the space provided.

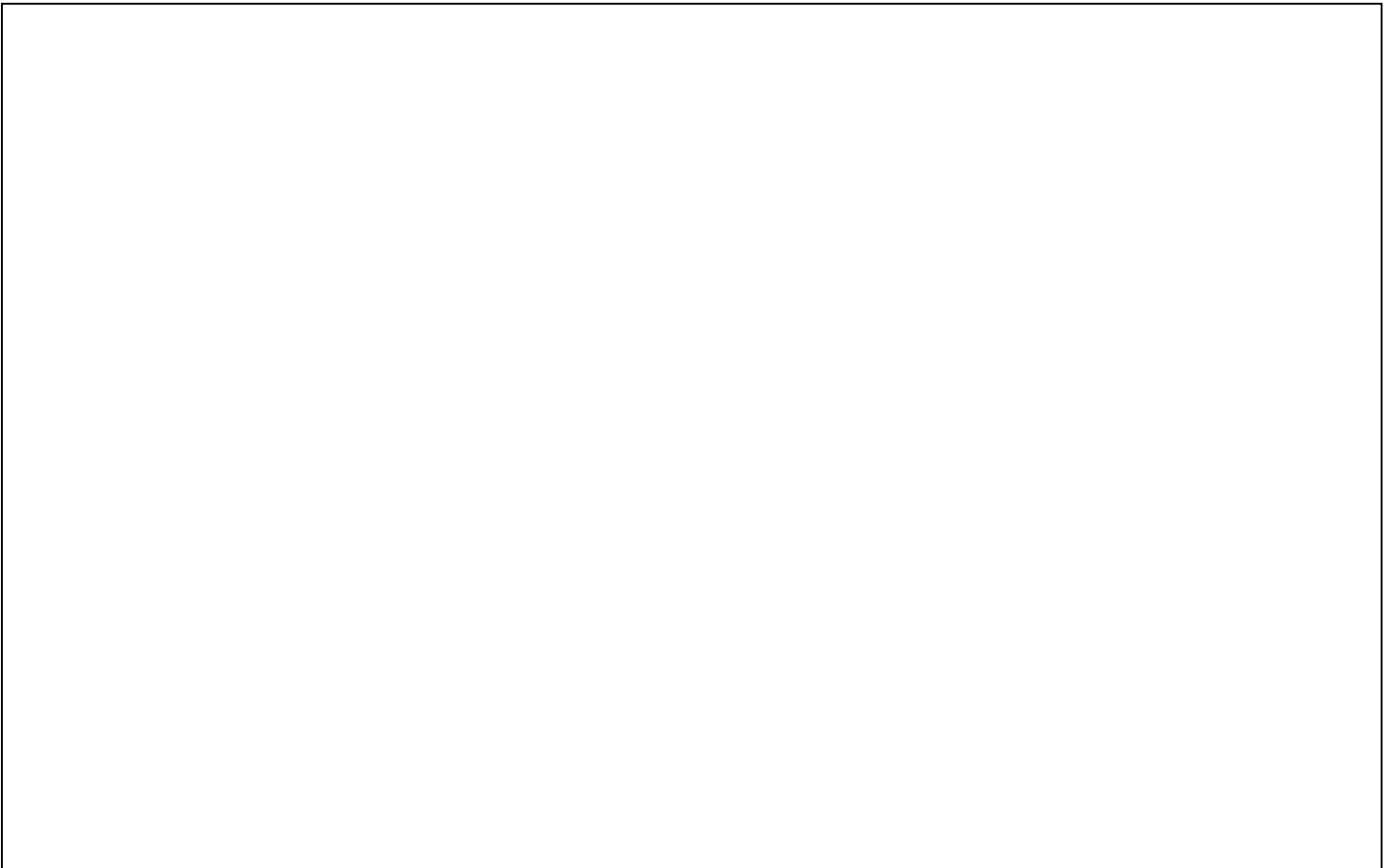
**What course of study or training will you pursue at your chosen institution and why have you chosen this field?**

**Briefly describe the personal and career goals that you have set for yourself.**

What experience have you had that helped you decide to choose this type of training?



Briefly describe the school and community activities that you have been involved in.



## REFERENCES:

Below, list two references who will be supplying letters of recommendation in support of your scholarship application. One school-related reference and one reference outside of school.

Name: \_\_\_\_\_ Phone or email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone or email: \_\_\_\_\_

## LETTER OF RECOMMENDATION:

Please provide a copy of this page for each letter of recommendation to be submitted on your behalf.

**All scholarship application materials must be completed and returned to the scholarship committee no later than February 28.**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The applicant named above has asked you to write a letter of recommendation for the Maurie Van Nostrand Memorial Scholarship. **We require that your letters be typed or word-processed rather than hand-written.**

**Name:** \_\_\_\_\_

**Your Position:** \_\_\_\_\_

**How do you know the applicant?**

**How long have you known the applicant?**

Please attach a **dated and signed** copy of your letter of recommendation.

Please mail or email the letter of reference/recommendation directly to the scholarship committee. All information that you provide will remain confidential.

**MAIL TO:**

**Scholarship Committee  
York Community Foundation  
603 N. Lincoln Avenue  
York, NE 68467**

**EMAIL:**

[ycf@yorkchamber.org](mailto:ycf@yorkchamber.org)

**Thank you for your assistance.**