WOODY ZIEGLER MEMORIAL SCHOLARSHIP FOR EDUCATORS APPLICATION FORM

One scholarship is available to a graduating senior from Centennial High School in even-numbered years. Qualifications for the scholarship include a minimum GPA of 2.75; have participated in or have been an active member of recognized extracurricular activities such as sports, music, theater, FFA, 4-H or other sanctioned student clubs; and be pursuing enrollment in early childhood, elementary or secondary education at an accredited institution of higher learning.

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

PERSONAL DATA:			
Name:	Bi	irth date:	
Student Personal Email:	Student C	Cell Phone Number:	
Address:	City:	County:	
Parent/Guardians Name:			
Brothers/Sisters (List age and grade le	vel)		
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? M	ajor/vocation:		

FINANCIAL DATA:

List scholarships you have applied for and mark those that you know you will receive.

UNIVERSITY/COLLEGE SCHOLARSHIPS

UNIVERSITY/COLLEGE NAME	COST OF ATTENDANCE	SCHOLARSHIP AMOUNT (LISTED AS AMOUNT PER YEAR)

PRIVATE SCHOLARSHIPS

SCHOLARSHIP	SCHOLARSHIP AMOUNT

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 QUESTIONAIRE: 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?				
		tivities that you have b	peen involved in.	
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REFERENCES:

One school-related reference and one reference outside of school.		
Name:	Phone or email:	
Name:	Phone or email:	

Below, list two references who will be supplying letters of recommendation in support of your scholarship application.

LETTER OF RECOMMENDATION:

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

committee no later than February 28.	completed and retorned to the scholarship
Applicant's Name:	Date:
The applicant named above has asked you to woody Ziegler Memorial Scholarship for Educ word-processed rather than hand-written.	o write a letter of recommendation for the ators. We require that your letters be typed or
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

Thank you for your assistance.