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# THE MARY E HEHNKE EDUCATIONAL SCHOLARSHIP APPLICATION FORM

Please type or print and limit responses to these pages unless attachments are necessary. **DEADLINE: April 1**<sup>st</sup>

NAME	DATE
CURRENT ADDRESS	
HOME TELEPHONE ()	CELL PHONE ()
EMAIL	
PARENTS'/GUARDIANS' NAMES & ADD	RESSES (IF DEPENDENT)
HIGH SCHOOL RANK IN CLASS	CLASS SIZE
ACT OR SAT SCORE	HIGH SCHOOL GPA
POST-SECONDARY SCHOOL YOU ARE P	LANNING TO ATTEND:
DO YOU HAVE A FINANCIAL NEED FOR	THIS SCHOLARSHIP? YES / NO
If there are any specific or unusual circumstantinancial need at this time, please list the circumstantinancial need at the circumstantin	• •
CAREER GOALS (INCLUDING THE FIELD	O OF STUDY YOU PLAN TO PURSUE):



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## PAST OR PRESENT EMPLOYMENT:

EMPLOYER(S)	DATES OF EMPLOYMENT	# OF HOURS/WEEK

### ACTIVITIES AND HONORS, VOLUNTEER AND COMMUNITY PROJECTS:

ACADEMIC	ATHLETIC
MUSIC	SPEECH/DRAMA
CHURCH	OTHER
ADDITIONAL COMMENTS	



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#### **ESSAY REQUIREMENT:**

Answer the essay question: "Why is it important to me to receive the financial aid that will be provided if I am awarded this scholarship?"

#### **ATTACHMENTS REQUIRED:**

- 1) TYPED ESSAY RESPONSE
- 2) APPLICANT'S HIGH SCHOOL GRADE TRANSCRIPT, INCLUDING GPA, THROUGH AT LEAST THE FIRST SEMESTER OF YOUR SENIOR YEAR.
- 3) TWO LETTERS OF RECOMMENDATION ONE FROM A SCHOOL TEACHER/ADMINISTRATOR AND AT LEAST ONE FROM A REPRESENTATIVE OF THE LOCAL COMMUNITY.

I authorize representatives of my high school, college, university, vocational or technical school where I attend, and others to provide the Scholarship Selection Committee with any of my personal records or transactions for the purpose of evaluating this scholarship request.

Applicant Signature	Date	

#### DELIVER OR SEND THIS APPLICATION AND ATTACHMENT TO:

Garden County Community Foundation Attn: President PO Box 291 Oshkosh, NE 69154

Phone: 308-772-3234

DEADLINE: APRIL 1st

\*\*\*YOU WILL BE NOTIFIED OF THE RESULTS OF YOUR APPLICATION\*\*\*

