

# INFORMATION & CHECKLIST SHEET

Be sure to use forms included in the packet and that all forms are complete. Please use this checklist when returning your scholarship packet. Return the application information packet via **certified mail** to Brenda Marshall **POSTMARKED BY APRIL 1, 2018**. Please email Brenda at [mzmarshall5@yahoo.com](mailto:mzmarshall5@yahoo.com) to let her know your scholarship application has been sent.

Winners will be notified by MAY 1, 2018.

- \_\_\_\_\_ 1) Application Information Page. \*
- \_\_\_\_\_ 2) Brief statement regarding your educational plans and career aspirations. \*
- \_\_\_\_\_ 3) Highlight school activities, awards, talents, community involvement and employment. \*
- \_\_\_\_\_ 4) Three recommendation sheets. \*

They should be from:

- A Teacher
- A Member of your Church or Community
- An Employer (past or present). If you have never been employed, the 3<sup>rd</sup> recommendation should be filled out by a teacher or a member of your community.

- \_\_\_\_\_ 5) A grade transcript.

\* Indicates pages included in packet.

## CONTACT:

Brenda Marshall  
#2 King's Court  
Kearney NE 68845  
[mzmarshall5@yahoo.com](mailto:mzmarshall5@yahoo.com)



# Scholarship Application Information Page

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Relationship to Nebraska Association Auctioneer: \_\_\_\_\_

Name of Association Member you are related to: \_\_\_\_\_

College of your choice: \_\_\_\_\_

Have you applied? Yes or No      Have you been accepted? Yes or No

Area of Interest: \_\_\_\_\_

How many years of Education/Training will your area require? \_\_\_\_\_

Cumulative Grade Point Average on a 4.0 Scale? \_\_\_\_\_

Class Rank: \_\_\_\_\_ of \_\_\_\_\_ **PLEASE INCLUDE GRADE TRANSCRIPT**

Are you currently employed? Yes or No

If yes, Name of Employer: \_\_\_\_\_

Please list 3 persons providing recommendations: (use forms in packet)

Name, Address, Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**\*\*These recommendations should include:** A teacher, a member of your church or community and an employer (past or present). If you have never been employed, the 3<sup>rd</sup> recommendation form should be filled out by either a teacher or a member of your community.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Contact Info: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_







# Scholarship Application Recommendation Form (1)

To the person making the recommendation. Please fill out and return to the applicant. Thank you for taking the time to make this recommendation!

Your Name: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please mark the response that you feel most closely reflects the applicant in the following areas. Space is provided for comments. If you need additional space, please use the back of this form.

The applicant's ability to show concern for others:

\_\_\_\_\_ extremely strong    \_\_\_\_\_ very strong    \_\_\_\_\_ moderate    \_\_\_\_\_ poor

The quality of the applicant's commitment to school, community and/or work:

\_\_\_\_\_ extremely strong    \_\_\_\_\_ very strong    \_\_\_\_\_ moderate    \_\_\_\_\_ poor

The applicant's demonstration of initiative in activities or tasks:

\_\_\_\_\_ extremely strong    \_\_\_\_\_ very strong    \_\_\_\_\_ moderate    \_\_\_\_\_ poor

The applicant's ability to follow-through in activities or tasks:

\_\_\_\_\_ extremely strong    \_\_\_\_\_ very strong    \_\_\_\_\_ moderate    \_\_\_\_\_ poor

The applicant's ability and foresight in making decisions:

\_\_\_\_\_ extremely strong    \_\_\_\_\_ very strong    \_\_\_\_\_ moderate    \_\_\_\_\_ poor

The applicant's character and integrity:

\_\_\_\_\_ extremely strong    \_\_\_\_\_ very strong    \_\_\_\_\_ moderate    \_\_\_\_\_ poor

The applicant's reliability and stability:

\_\_\_\_\_ extremely strong    \_\_\_\_\_ very strong    \_\_\_\_\_ moderate    \_\_\_\_\_ poor

The applicant's leadership skills in providing directions and guidance to others:

\_\_\_\_\_ extremely strong    \_\_\_\_\_ very strong    \_\_\_\_\_ moderate    \_\_\_\_\_ poor

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

# Scholarship Application Recommendation Form (2)

To the person making the recommendation. Please fill out and return to the applicant. Thank you for taking the time to make this recommendation!

Your Name: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please mark the response that you feel most closely reflects the applicant in the following areas. Space is provided for comments. If you need additional space, please use the back of this form.

The applicant's ability to show concern for others:

extremely strong    very strong    moderate    poor

The quality of the applicant's commitment to school, community and/or work:

extremely strong    very strong    moderate    poor

The applicant's demonstration of initiative in activities or tasks:

extremely strong    very strong    moderate    poor

The applicant's ability to follow-through in activities or tasks:

extremely strong    very strong    moderate    poor

The applicant's ability and foresight in making decisions:

extremely strong    very strong    moderate    poor

The applicant's character and integrity:

extremely strong    very strong    moderate    poor

The applicant's reliability and stability:

extremely strong    very strong    moderate    poor

The applicant's leadership skills in providing directions and guidance to others:

extremely strong    very strong    moderate    poor

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_

# Scholarship Application Recommendation Form (3)

To the person making the recommendation. Please fill out and return to the applicant. Thank you for taking the time to make this recommendation!

Your Name: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please mark the response that you feel most closely reflects the applicant in the following areas. Space is provided for comments. If you need additional space, please use the back of this form.

The applicant's ability to show concern for others:

\_\_\_\_\_ extremely strong    \_\_\_\_\_ very strong    \_\_\_\_\_ moderate    \_\_\_\_\_ poor

The quality of the applicant's commitment to school, community and/or work:

\_\_\_\_\_ extremely strong    \_\_\_\_\_ very strong    \_\_\_\_\_ moderate    \_\_\_\_\_ poor

The applicant's demonstration of initiative in activities or tasks:

\_\_\_\_\_ extremely strong    \_\_\_\_\_ very strong    \_\_\_\_\_ moderate    \_\_\_\_\_ poor

The applicant's ability to follow-through in activities or tasks:

\_\_\_\_\_ extremely strong    \_\_\_\_\_ very strong    \_\_\_\_\_ moderate    \_\_\_\_\_ poor

The applicant's ability and foresight in making decisions:

\_\_\_\_\_ extremely strong    \_\_\_\_\_ very strong    \_\_\_\_\_ moderate    \_\_\_\_\_ poor

The applicant's character and integrity:

\_\_\_\_\_ extremely strong    \_\_\_\_\_ very strong    \_\_\_\_\_ moderate    \_\_\_\_\_ poor

The applicant's reliability and stability:

\_\_\_\_\_ extremely strong    \_\_\_\_\_ very strong    \_\_\_\_\_ moderate    \_\_\_\_\_ poor

The applicant's leadership skills in providing directions and guidance to others:

\_\_\_\_\_ extremely strong    \_\_\_\_\_ very strong    \_\_\_\_\_ moderate    \_\_\_\_\_ poor

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: \_\_\_\_\_