LOWER ELKHORN VALLEY CHAPTER 352 "PAT ELLIS MEMORIAL SCHOLARSHIP" SCHOLARSHIP APPLICATION

2025-2026

You must either type or print all your answers neatly in ink. Application response may be sent via email to diekhosp@gmail.com or mailed to Lower Elkhorn Valley PF P.O. Box 93 West Point NE 68788. Scholarship application and letters of recommendation must be postmarked by 2/23/25 to the above address.

. Name	,	First		M.I.
Permanent mailing addres	3			
	Number and street			
City	State	Zip	E-mail	
Phone	Birt	h date		
		Month	Day Year	
. What year did/will you re	ceive a high school diploma or G	ED?	·····	
High School or GED				
High School Name or GED County . High school students only		ate		
High School GPA				
Applicant must register at a School choice For 2024-25	college, university, vocation or	trade school.		
School 1	Jame			
City			State	
Major Field of Study				
Are you currently working	20 hours or more per week? Ye	s/No [Y/N]		
Do you plan on working 20 ho	ours or more per week during the	2025-2026 schoo	l year? Yes/No [Y/N]	
. Letters of Recommendation	: Please provide one letter from a	a school official		
omplete to the best of my know	PLICANTS: I certify that all i owledge. I agree to give proof of ittees to review information on th	the information of	on this application if re-	quested. I g

documentation submitted as part of this application. I give permission for selection committees to contact high school and/or college officials for additional academic information. If chosen for scholarship award, I agree to provide proof of GPA to the committee at each semester/quarter break in order for the committee to determine future eligibility. I further agree if chosen to submit a written paragraph to be published on the value of the scholarship award in my academic pursuits.

SIGNATURE

121

DATE