

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

**2022-
2023**

You must either type or print all your answers neatly in ink. Application response may be sent via email to **treas0352@pfofficers.org** 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 2/18/23 to the above address.**

1. Name _____, _____ M.I.
Last First

Permanent mailing address

_____ Number and street
City State Zip E-mail
Phone _____ Birth date _____
Month Day Year

2. What year did/will you receive a high school diploma or GED?..... _____

High School
or GED

_____ High School Name or GED County City State

3. High school students only

_____ High School GPA

Applicant must register at a college, university, vocation or trade school.

School choice
For 2022-23

_____ School Name

_____ City State

Major Field of Study _____

Are you currently working 20 hours or more per week? Yes/No [Y/N]..... _____

Do you plan on working 20 hours or more per week during the 2022-2023 school year? Yes/No [Y/N] _____

4. Letters of Recommendation: Please provide one letter from a school official

CERTIFICATION. ALL APPLICANTS: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting 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 _____ DATE _____

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