

SANDHILLS AREA FOUNDATION  
SCHOLARSHIP RECIPIENT SELECTION CRITERIA

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1. Applicant must be a resident of Cherry County or graduating from a Cherry County School High School.
2. Applicant must be pursuing additional education or attending any accredited college, university, junior college, vocational school, or any institution offering accredited nursing degrees.
3. Application and all documents must be typed.
4. Letter of Intent is required with application:
  - Enclose a typed letter to the Sandhills Area Foundation Scholarship Committee describing your educational and personal goals, your community involvement and your plans for financing your college education and need for financial assistance.
5. Letter of Recommendation is required with application:
  - Enclose a typed letter of recommendation from an individual familiar with your character.
  - This letter should be **dated and signed** by maker.
6. Official Transcript is required with application:
  - Include your **official** transcript.
  - The original transcript must be signed, dated and/or have its official stamp or seal (include envelope if needed).
7. **Applicant must submit 1 original and 5 copies of application package.**
8. Do not send materials separately.
9. **Application must be received on or before deadline.** Mail application to: Sandhills Area Foundation, P.O. Box 444, Valentine, NE 69201. Application may be hand delivered to: Young's Western Wear, 143 N. Main Street, Valentine, NE. Hand delivered envelopes must have the date received noted on the envelope.
10. Scholarship Acceptance:
  - Scholarship recipients will be invited to a Recognition Reception at which time the winners will be honored and scholarships will be presented. If a scholarship winner can not be in attendance, there **must** be a representative present to accept the scholarship on his/her behalf.

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***Only applications meeting these criteria will be considered.***

*Please note that all scholarships are competitive. The Sandhills Area Foundation Scholarship Committee may not award scholarships to all who apply.*

**1. PLEASE SELECT SCHOLARSHIP YOU ARE APPLYING FOR**

Cherry County High School Graduate  Full Time College Student  Non-Traditional College Student

**2. PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**3. EDUCATIONAL INFORMATION**

Educational institution attending: \_\_\_\_\_

Address of School: \_\_\_\_\_

Major/Area of educational concentration: \_\_\_\_\_

Credit hours carried per semester: \_\_\_\_\_ Academic grade point average: \_\_\_\_\_

**4. VOLUNTEER, COMMUNITY AND SCHOOL ACTIVITIES**

Describe in the space provided your current year volunteer, community and school activities.

**5. EMPLOYMENT**

Are you currently employed? \_\_\_\_\_ If yes, please state employer and a brief description of duties and time involved.

**6. FINANCIAL NEED**

Please give a detailed account of your anticipated school year expenses (i.e. tuition, room and board, books). Include a total estimated cost of attendance.

Have you applied for financial aid? \_\_\_\_\_ What is your Expected Family Contribution (EFC) \_\_\_\_\_

List all scholarships and sources of financial assistance you **are receiving or expect to receive** during the upcoming school year and their **value** (include grants and aid through the university and/or any other federal, state, or local government agency).

Please describe any circumstances related to your financial status which would give the Sandhills Area Foundation Scholarship Committee a better understanding of your need for financial assistance.

**7. CERTIFICATION**

I certify that all the information on this form is true and complete to the best of my knowledge. I understand that the financial information will be confidential, for review solely by the Sandhills Area Foundation.

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

SANDHILLS AREA FOUNDATION SCHOLARSHIP APPLICATION

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Checklist for original application package:

- Completed application ( signed and dated)
- Letter of Intent (typed)
- Letter of Recommendation ( typed, signed and dated by maker)
- Official transcript ( signed, dated and/or have official stamp or seal, include envelope if needed)

APPLICATION AND ALL DOCUMENTS MUST BE TYPED

SUBMIT 1 ORIGINAL AND 5 COPIES OF APPLICATION PACKAGE

DO NOT SEND MATERIALS SEPARATELY

APPLICATION WILL NOT BE CONSIDERED UNLESS COMPLETE

APPLICATION IS DUE ON OR BEFORE THE DEADLINE

Mail application to: Sandhills Area Foundation PO Box 444 Valentine, Ne 69201	Application may be hand delivered to Young's Western Wear % Mary Young 143 N Main Street Valentine, NE 69201
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