

Red Cloud Memorial Scholarship

\$500 Scholarship awarded to a RCHS Senior

Name					
Las Permanent Addre			First		Middle
remanent Addre	;55.				
College ID if know	vn		Email Addres	s:	
Parent/Guardian's	s name			Phone	
Name of School in	n which you p	lan to enroll			
College		City	and State		
Have you been ac	ccepted? Ye	es No			
What is your inter	nded field of s	tudy?			
Name of high sch	ool				
High school coun	selor and ema	ail address			
High school phon	ne				
Class Rank	G.P.A.	ACT	SAT		
Athletic Teams Pa	articipation or Year:				
Seni	or Year:				
Scholas	tic Honors:				

List 3-5 Extracurricular Activities:	
List 2-5 Leadership Positions Held:	
List 2 Work/Volunteer Experiences:	

Personal Essay

Topic: Describe the characteristics you possess that you feel qualify you for this scholarship Submit a typed 250-word (maximum) essay on the above topic.
Application Deadline: April 15
Your application will authorize the Red Cloud Community Fund to release your name to the media in the event you are awarded this scholarship.
Please remit this application form to Red Cloud Community Fund, PO Box 263, Red Cloud NE 68970 or email to Jarrod McCartney at jmccartney@redcloudnebraska.com