

SCHOLARSHIP APPLICATION

District _____ High School _____ Current School Year _____

BELOW, PLEASE CHECK THE SCHOLARSHIPS IN WHICH YOU ARE APPLYING

____ Dow Nelson ____ Nelson Thinnes ____ Ralph & Nancy Young

Section 1 - To be completed by the student

NAME _____ BIRTHDATE _____

ADDRESS _____

ZIP CODE _____ TELEPHONE _____

NAME OF COLLEGE WHERE SCHOLARSHIP WILL BE APPLIED:

COLLEGE ADDRESS _____

MAJOR FIELD OF STUDY _____

RECOMMENDATION BY THREE PROFESSIONAL PERSONNEL FROM YOUR SCHOOL,
INCLUDING THE PRINCIPAL:

1 _____ PRINCIPAL
NAME

2 _____
NAME TITLE

3 _____
NAME TITLE

SCHOLARSHIP APPLICATION

_____ **Dow Nelson** _____ **Nelson Thinnes** _____ **Ralph & Nancy Young**

SECTION 2 - TO BE COMPLETED BY THE HIGH SCHOOL PRINCIPAL / GUIDANCE DEPT.

STUDENT'S NAME

BIRTH DATE

ADDRESS ZIP CODE

HS SCHOLASTIC RANKING _____ GRADE AVERAGE _____

COLLEGE GRADE POINT AVERAGE (If a college student): _____

HS ATHLETIC AND OTHER ACHIEVEMENTS:

PRINCIPAL'S SIGNATURE

WRITE A SHORT ESSAY ON WHY YOU DESERVE THIS SCHOLARSHIP. FEEL FREE TO INCLUDE ANY SPECIAL CIRCUMSTANCES OR FINANCIAL NEED. ADD AN ADDITIONAL SHEET OF PAPER IF NECESSARY.

SCHOLARSHIP APPLICATION

_____Dow Nelson _____Nelson Thinnes _____Ralph & Nancy Young

SECTION 3 - TO BE COMPLETED BY THE PARENT / GUARDIAN

FATHER'S NAME _____

MOTHER'S NAME _____

THE ABOVE INFORMATION IS GIVEN WITH MY FULL KNOWLEDGE AND APPROVAL.

PARENT/GUARDIAN SIGNATURE DATE