

JOHN NEWQUIST EDUCATIONAL FOUNDATION SCHOLARSHIP
College Student Application

NAME _____

ADDRESS _____ CITY/STATE _____ ZIP _____

E-MAIL _____ PHONE _____

HIGH SCHOOL ATTENDED _____ YEAR OF GRADUATION _____

CITY _____ STATE _____ PHONE _____

At the end of your first year of college, what was your G.P.A. _____ (please provide transcript)

*Non-traditional students provide prior year of study G.P.A. _____ (please provide transcript)

(*If it has been 5 or more years since attending college, transcripts are not necessary)

APPLYING FOR: (ONLY CHECK ONE PER APPLICATION)

- Fall semester only (Midterm Graduation) _____ (received by deadline April 1)
- Fall/Spring semesters divided equally _____ (received by deadline April 1)

FIELD OF STUDY _____

COLLEGE ATTENDING: (*Checks are mailed directly to the college)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TUITION \$ _____ ROOM & BOARD \$ _____ BOOKS & FEES \$ _____

TOOLS & EQUIPMENT \$ _____ **(*CHECKS FROM FOUNDATION ARE PAID DIRECTLY TO VENDOR WITH FOUNDATION RECEIVING COPY OF ALL RECEIPTS - PRIOR AUTHORIZATION IS REQUIRED)**

Have you received or will you receive other scholarships? Yes _____ No _____

If yes, list name(s) & amount(s)

PLEASE PROVIDE THE FOLLOWING INFORMATION: (attach to scholarship application)

- Work History (PAST AND PRESENT COPIES OF W-2 or 1099's ARE REQUIRED)

I, _____, do affirm the above-stated and attached is accurate to the best of my knowledge.

Student signature _____ Date _____

SUBMIT APPLICATION AND ATTACHMENTS BY MAIL TO:

JANE REIMAN
87183 W. 10TH STREET
O'NEILL, NE 68763

