

CODE  
# \_\_\_\_\_

## BLANCHE THOMPSON MEMORIAL SCHOLARSHIP APPLICATION FORM

*Please type or print and limit responses to these pages  
unless attachments are necessary.*

**DEADLINE: April 1<sup>st</sup>**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

HOME TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENTS'/GUARDIANS' NAMES & ADDRESSES (IF DEPENDENT) \_\_\_\_\_

HIGH SCHOOL RANK IN CLASS \_\_\_\_\_ CLASS SIZE \_\_\_\_\_

ACT OR SAT SCORE \_\_\_\_\_ HIGH SCHOOL GPA \_\_\_\_\_

POST-SECONDARY SCHOOL YOU ARE PLANNING TO ATTEND:

DO YOU HAVE A FINANCIAL NEED FOR THIS SCHOLARSHIP? YES / NO

If there are any specific or unusual circumstances for you (your family) that increase the financial need at this time, please list the circumstance(s). \_\_\_\_\_

CAREER GOALS (INCLUDING THE FIELD OF STUDY YOU PLAN TO PURSUE):

CODE  
# \_\_\_\_\_

**PAST OR PRESENT EMPLOYMENT:**

EMPLOYER(S)	DATES OF EMPLOYMENT	# OF HOURS/WEEK

**ACTIVITIES AND HONORS, VOLUNTEER AND COMMUNITY PROJECTS:**

ACADEMIC

ATHLETIC

MUSIC

SPEECH/DRAMA

CHURCH

OTHER

ADDITIONAL COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESSAY REQUIREMENT:**

Submit with this application form an essay of approximately 250 words in length in response to this question: "Why is it important for you to receive the financial aid that may be provided by this scholarship, and why do you feel you should be awarded this scholarship?"

**ATTACHMENTS REQUIRED:**

- 1) TYPED ESSAY RESPONSE
- 2) APPLICANT'S HIGH SCHOOL GRADE TRANSCRIPT, INCLUDING GPA, THROUGH AT LEAST THE FIRST SEMESTER OF YOUR SENIOR YEAR.
- 3) TWO LETTERS OF RECOMMENDATION – ONE FROM A SCHOOL TEACHER/ADMINISTRATOR AND AT LEAST ONE FROM A REPRESENTATIVE OF THE LOCAL COMMUNITY.

I authorize representatives of my high school, college, university, vocational or technical school where I attend, and others to provide the Scholarship Selection Committee with any of my personal records or transactions for the purpose of evaluating this scholarship request.

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**Applicant Signature**

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**Date**

**DELIVER OR SEND THIS APPLICATION AND ATTACHMENT TO:**

Garden County Community Foundation  
Attn: President  
PO Box 291  
Oshkosh, NE 69154

Phone: 308-772-3234

**DEADLINE: APRIL 1<sup>st</sup>**

\*\*\*YOU WILL BE NOTIFIED OF THE RESULTS OF YOUR APPLICATION\*\*\*