

## MITCHELL COMMUNITY SCHOLARSHIP APPLICATION

Please send completed application to:

Oregon Trail Community Foundation P.O. Box 1344, 115 Railway Street, Scottsbluff, NE 69361 *If it is not received by the February 15th deadline, the application will not be reviewed.* Attach copy of ACT/SAT scores, high school transcript, and three reference letters. Please attach separate sheet if space is not adequate to list all information.

## For Graduating Seniors of Mitchell High School, Mitchell, NE

Applicant's	Full Name					
					Zip Code	
College ID,	or last 4 digits of So	cial Security #:				
E-mail Addr	ess					
Name of High School			Date of Birtl	n	Phone #	
Mother's Na	ame					
Address		City		State	Zip Code	
Phone #		E-mail Address				
Father's Na	me					
Address		City		State	Zip Code	
Phone #		E-mail address				
		I/technical school you school and, if possible,			dmission confirmation. Providence la	
City	State		ate	Zip Code		
In what subje	ect do you plan to m	najor?				
Year of High	n School Graduation	I	Anticipated Year	r of College Gr	aduation	
School-relate	ed activities includii	ng athletics, music, st	udent governmen	it, etc.:		

Community-related activities including clubs, church groups, volunteer work, etc.:							
Work experience:	Employer	Phone #	Length of Time Worked				
Academic honors:							
Please check if you h	nave been awarded the	e following:   Regent's Scholarship	☐ Other Full-Tuition Scholarship				
		e applied and indicate with an asterisk	_				
the amount of the aw		c applied and indicate with an asterisk	any you have been awarded and				
uno unio unio unio uni							
A., 1.1. 1			,				
Reference's Name	f reference. No more i	than two letters may be from high sch Relationship to Applicant	oot personnet.  Phone #				
		Relationship to Applicant	rnone #				
1 2.							
Attach a one-page ty	pped personal essay.						
		UST submit college transcripts withing to send transcripts jeopardizes school.					
•			•				
Signature:		Date					