

HARRY BISCHOF MEMORIAL SCHOLARSHIP GUIDELINES

1. Scholarship will be granted to graduating senior(s) for use at any university, college or technical school. Preference will be given to an educational institution located in Nebraska.
2. The student shall be a legal resident of the Nebraska City School District; and, must be a senior, graduating from Nebraska City Senior High School, Lourdes Central High School, the Nebraska Center for the Education of Children Who Are Blind or Visually Impaired, an accredited private school, or shall meet all requirements for the Nebraska Department of Education for home schooling. Applications from students outside of Nebraska City will be considered if the student's parent(s) are current members of the Nebraska City Volunteer Fire Department.
3. Priority points will be used to establish eligibility in the following areas:
 - A) The relationship of the applicant to a member of the Nebraska City Volunteer Fire Department;
 - B) Academic Standing;
 - C) College Major or Area of Study:

IMPORTANT: ANY INFORMATION OMITTED FROM THE APPLICATION WILL ALSO BE OMITTED FROM YOUR POINT TABULATION AND COULD AFFECT YOUR SCHOLARSHIP ELIGIBILITY BY REDUCING YOUR TOTAL POINTS.

4. If necessary, financial need shall be determined with the assistance of the Guidance Counselor of the student's school. Students with a greater need will be given priority.
5. An alternate selection may be made should the scholarship not be used.
6. Applications shall be submitted on forms provided by the Nebraska City Volunteer Fire Department and distributed by the school Guidance Counselor. Completed applications will be returned to the Guidance Counselor and forwarded to the Nebraska City VFD Scholarship Committee, c/o City Clerk's Office, 1409 Central Avenue, Nebraska City, NE 68410, not later than the end of business day of March 1st, 2019.
7. Not less than three (3) confidential recommendations shall be provided with the application. At least one of which shall be from someone outside the educational field and a non-family member.
8. One-half of the value of the scholarship will be awarded for each of the two (2) semesters of the freshman year. Upon enrollment of the first semester submit proof of registration (class schedule) to the NCVFD Scholarship Committee at 1226 N 15th St, Nebraska City, NE 68410. Upon completion of the first semester, submit a copy of the first semester grades and proof of registration for the second semester to the committee at the address listed.
9. The scholarship funds will be distributed each semester, upon receipt of required information found in item 8. listed above. Funds will be sent to the financial aid office of each recipient's respective school.

HARRY BISCHOF MEMORIAL SCHOLARSHIP APPLICATION

Awarded by the NEBRASKA CITY VOLUNTEER FIRE DEPARTMENT

(ALL INFORMATION IS CONFIDENTIAL AND WILL BE DESTROYED FOLLOWING THE SELECTION OF RECIPIENT.)

Student's Name: _____ Birth Date: (Mo/Yr) _____

Home Address: _____ Home Phone: _____

Email address: _____

School Planning To Attend: _____

Major Area of Study: _____ Minor: _____ Accepted for enrollment: YES __ NO __

* Has a parent or grandparent ever been a member of the NC Vol. Fire Dept.? YES / NO. If Yes, who and when? _____

Occupational interests upon graduation from post-secondary school: _____

High school activities, special awards and community activities. (Use back or additional paper if necessary.) _____

* I expect to pay for my education by:

Working Summer jobs Savings Loans Scholarships Grants Parent's help Other

* Have you applied for or received any other scholarships? YES / NO. If Yes, What? _____

* In one hundred words or less, why should you be considered for this scholarship? (Continue on back or attach additional page if necessary.)

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* I request that the following information be released to the Nebraska City VFD Scholarship Committee for review in relation to the scholarship I am applying for. This information is to be used and reviewed only by those who have direct responsibility in deciding if I am to receive the scholarship for which I am applying.

* What is the approximate annual gross income for your family? (Optional to determine financial need.)

Under \$10,000 \$10-18,000 \$18-25,000 \$25-35,000 \$35-50,000 \$50-75,000 Over \$75,000

* What is your Class Ranking? _____ Class Size _____ * What is your Grade Average? _____ * ACT Score? _____

* Name and Address of Parents or Legal Guardian:

Father: _____ Address: _____

Occupation: _____

Mother: _____ Address: _____

Occupation: _____

Name and ages of all dependents residing in the home: _____

* Provide a copy of your High School Transcript.

* Provide 3 confidential letters of recommendation, at least one of which is from someone outside the educational field and a non-family member.

Date of Application: _____

Signature of Applicant

Return this application to your school counselor or address in item #6 in guidelines before March 1st, 2019.