

SCHOLARSHIP APPLICATION FORM

- Application Form must be completed by all senior students applying for scholarships available from the GRACE Foundation.
- Submission deadline is March 31, 2015.
- The winners of the scholarships are required to submit a current photo for publicity reasons.
- Please staple all attachments together with application. Do not include binders or report covers with your submission(s).
- If a question is not applicable to you, please write "N/A"
- Submit application to:

The GRACE Foundation, Inc.
PO BOX 5111
Grand Island, NE 68802

- The GRACE Foundation will pay the Nebraska institution of the recipient's choice on the first of October.

STUDENT INFORMATION

Date of Birth: ____/____/____

Student's Full Name: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail: _____

Name of Student's Father: _____

(If father is deceased, please indicate)

Father's home address: _____

Name of Student's

Mother: _____

(If mother is deceased, please indicate)

Mother's home address: _____

PLANS FOR STUDY

Name of college or university you plan to attend:

Address of Financial Aid Office of college/university you are planning to attend:

Declared or Intended Major:

Declared or Intended Minor:

Will you be registered as full-time during the upcoming academic year? Y N
If no, explain:

Have you been accepted for admission? Y N
If no, explain:

Do you expect to work during the academic year (including work study)? Y N

EDUCATION

School, City & State Dates Attended and GPA or Degree *(please attach copy of latest grade report with GPA denoted)*

(High School)

(College or University)

(Other)

ACTIVITIES AND AWARDS

In the space below, list your ACADEMIC, EXTRACURRICULAR, AND COMMUNITY ACTIVITIES while in high school *(if you have a resume, please attach instead)*

In the space below, list HONORS AND AWARDS, which you have earned and received *(if you have a resume, please attach instead)*

ESSAY

Please attach a copy of an essay stating the name of the immediate family member, relationship to you, what type of cancer they had and what that diagnosis meant to you individually and to your family. Also, please elaborate on what this scholarship would mean to you. *(The GRACE scholarship can only be given to students who have had an immediate family member with a cancer diagnosis; ie self, father, mother, legal guardian or sibling)*. Not meeting this criteria will render the application void.

REFERENCES

Please list two references:

Name: _____
Address: _____
City, State: _____
Phone: _____
Company Name (if relevant): _____
Relationship to applicant: _____

Name: _____
Address: _____
City, State: _____
Phone: _____
Company Name (if relevant): _____
Relationship to applicant: _____

ATTESTATION

I certify that all the information on this form is true and complete to the best of my knowledge. If asked by the GRACE Foundation, I agree to give documentation for information given of this form. I realize that failure to comply with this request for information may prevent me from being considered for scholarships. Further, I certify that I meet the intent of the scholarship fund for which I have applied as stated in their guidelines. I understand that falsification of any information may result in the termination of the scholarship if one is granted to me.

STUDENTS SIGNATURE _____

DATE: _____
**** ATTACHMENTS TO THIS APPLICATION MAY BE REQUIRED. PLEASE CHECK SCHOLARSHIP REQUIREMENTS.**