

David & Susan LeGrand Scholarship

Nebraska City Community Foundation Fund

Purpose: A \$2,500 scholarship to support residents of Nebraska City or graduates of any high school located in Nebraska City enrolled in or intending to enroll in any accredited post-secondary institution. However, if no candidates meet that criterion, then residents of Otoe County, Nebraska, may be considered.

Preference shall be given to students to who:

- Are graduating high school seniors
- Have demonstrated academic success but might not be the highest ranked in their graduating class
- Are actively involved in the community
- Intend to work within the state of Nebraska following completion of their academic program

Scholarships may be renewed upon application and satisfactory academic progress. However, renewal candidates need not be current residents of Nebraska City or Otoe County.

Restrictions and Payment:

- Scholarship funds will be paid directly to the institution and will not be dispersed until confirmation from the institution of an applicant's current enrollment is received.

Scholarship Application Deadline: March 15

Scholarship Applications Should be Mailed to:

Nebraska City Community Foundation Fund

PO Box 444

Nebraska City, NE 68410



David & Susan LeGrand Scholarship
Nebraska City Community Foundation Fund

Name: _____

Address: _____

Phone Number: _____ Email: _____

Name of High School Attended: _____

Have you applied to college: _____ If so, where? _____

Planned Major: _____

Have you been awarded any scholarships? _____ If yes, what are they? _____

Please attach a one-page, typed essay detailing your community involvement while in high school, the impact your community has had on you growing up, as well as your plans for college and after graduation.

Grade Average Form

I request that the high school counselor record my current grade average and class ranking in the space below. I understand this information will be used and reviewed only by those who have direct responsibility to choose the scholarship recipient.

Applicant: _____

GPA: _____

Class Rank: _____ Out of: _____

Counselor's Signature

Name of High School

Applicant's Signature

Date