

LOUIS AND ABBY FAYE DINKLAGE FOUNDATION SCHOLARSHIP

The Louis and Abby Faye Dinklage Foundation will make available several \$1000 renewable scholarships for graduating seniors and past graduates of Wisner-Pilger Jr.-Sr. High School who are full time students. Alternates will be awarded in event the winners do not use the scholarships.

Scholarship requirements:

1. Open to any graduating senior of Wisner-Pilger Jr.-Sr. High School.
2. Scholarship is good at any post-secondary institution with the exception of correspondence schools.
3. Must complete application form available at the school counselor's office or at the website (www.wisnerpilger.org). Alumni must have the **GPA verified** by a college official. Return completed form to the counselor's office at Wisner-Pilger Jr.-Sr. High School by April 1.
4. Announcement of the winners and alternates will be made at the commencement program.
5. Scholarship funds will be made available directly to the Financial Aids Director of the post-secondary institution
6. This scholarship must be used within one year of presentation.

The Louis and Abby Faye Dinklage Foundation reserve the right to withdraw this scholarship at any time.

LOUIS AND ABBY FAYE DINKLAGE FOUNDATION SCHOLARSHIP
Alumni Application
Deadline April 1

Name: _____ Social Security Number: _____

Address: _____

Date of Birth: _____ Sex: _____ Phone: (_____) _____

Name and Address of Parent or Guardian: _____

Year graduated from Wisner-Pilger Jr.-Sr. High School: _____

College presently attending or accepted to attend: _____

If awarded, what college should receive the funds in the **fall**: _____

Major: _____ Credit Hours Earned: _____

Cumulative Grade Point Avg: _____ (3 decimal points) Year in College 1st 2nd 3rd 4th
Official must verify GPA (see bottom of page for verification form)

Date you expect to complete your degree/certificate: _____

List special honors and awards you have received in college. If additional space is needed, use the back of this form.

I certify the above is true and accurate to the best of my knowledge.

Date: _____ Signature of Applicant: _____

Return form to: Cheryl Kreikemeier, Guidance Counselor
Wisner-Pilger Jr-Sr High School
PO Box 580 801 18th St
Wisner NE 68791

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To be completed by college official

College:
Student's Cumulative GPA:
Official Title:
Signature: _____ Date: _____