

# Loyal Community Scholarships

## Deadline: Thursday, February 25, 2021

Recipients for the scholarships will be determined by either Loyal Community Scholarship Committees or a Loyal High School Scholarship Committee. The right of a student to participate fully in classroom instruction and extra-curricular activities, pupil services, recreational or other program or activity, shall not be abridged or impaired or be denied participation in, be denied the benefits of, or be discriminated against because of the person's sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.

Students interested in applying for Loyal Community Scholarships must complete the following items:

- \_\_\_\_\_ Sections I, II and III in this packet must be **neatly typed**
  - Section II (Activities) must be typed, one-page, with Section II and your name clearly identified.
  - Section III (Essay) must be typed, one-page, with Section III and your name clearly identified.
  
- \_\_\_\_\_ Copy of College or University acceptance letter included
  
- \_\_\_\_\_ High School transcript attached (**Mrs. Scherer will take care of this**)
  
- \_\_\_\_\_ Post-secondary school and program/major identified
  
- \_\_\_\_\_ Section IV neatly typed *if* applying for the Ministerial Scholarship.
  
- \_\_\_\_\_ Parent/Guardian verification: I have reviewed my student's scholarship materials and, to the best of my ability, verify that the information is accurate and up to date.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Scholarship Selection Committee Use Only:

If you would like the high school scholarship committee to select a recipient from your top three choices, please complete this section for each student(s). We will select a recipient from your top three choices. If you have additional considerations please contact Rebecca Scherer at 715-255-8511.

Scholarship Name: \_\_\_\_\_

Amount of Award: \_\_\_\_\_

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

OR

If your local committee will select the sole recipient(s), please indicate your scholarship winner.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

We will present our award at the Senior Awards Night (yes no)- Presenter, if known:

\_\_\_\_\_