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Senior Scholarship Application Form

Student Information:

Applicants Name: _____ Date of Birth: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

E-mail Address: _____

Name of Parents or Guardian: _____

Do you reside within the Lower Elkhorn NRD: _____

Do you own land within the Lower Elkhorn NRD: _____

College or Technical School planning to attend: _____

Proposed Major Field of Study: _____

School Information:

High School Attending: _____

Guidance Counselor: _____

School Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Courses of Study in High School: _____ General _____ Vocational _____ Business _____ College Prep

Date of Graduation: _____ Number in Graduating Class: _____

Grade Point Average: _____ Class Ranking: _____

Academic Honors and Awards Received & Extra-curricular Activities: _____

I, _____, do fully agree to the stipulations of this scholarship and affirm the above stated information is accurate to the best of my knowledge.

Applicant's Signature

Date

Office Use Only:

Date Application Received: _____ Date of Approval: _____ by: _____