

Oregon Trail Community Foundation
P.O. Box 1344, 115 Railway Street, Scottsbluff, NE 69361

PANHANDLE DRUG-FREE YOUTH SCHOLARSHIP CRITERIA

For Drug-Free High School Seniors In The Nebraska Panhandle

The Panhandle Substance Abuse Council established this fund in 2010. One \$500 scholarship will be awarded annually to a high school senior. Applicant must currently be a member of a drug-free youth group in the Nebraska Panhandle. Winners and alternates will be selected.

Downloadable application forms are available online at www.otcf.org or from the Oregon Trail Community Foundation office. For more information call (308) 635-3393.

Deadline for application and supporting documents is April 1. Recipients will be announced in May.

To qualify for the Panhandle Drug-Free Youth Scholarship, students must:

- Be involved in the community
- Be involved in school activities
- Be involved in alcohol and other drug prevention activities.
- Submit a typed essay regarding their drug-free lifestyle.
- Submit two reference letters – from a school faculty member and from a non-relative adult from student's community.

Scholarships are paid directly to the school.

The scholarship will be rescinded and awarded to the alternate if the recipient does not enroll as a fulltime student for the first semester for which the scholarship is awarded.

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PANHANDLE DRUG-FREE YOUTH SCHOLARSHIP APPLICATION

Applicants must submit application and all supporting information to the Oregon Trail Community Foundation in an organized, readable form. *If it is not received by the April 1 deadline, the application will not be reviewed.* Attach copy of official ACT/SAT and high school transcript. Final grades for senior year are not required to apply.

Applicant's Full Name _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ E-mail Address _____

Social Security # _____ Date of Birth _____

Mother's Name _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ E-mail Address _____

Father's Name _____

Address _____ City _____ State _____ Zip Code _____

Drug-Free Youth Group Name _____

Length of Membership in Drug-Free Youth Group _____

Sponsor's Signature _____

GPA _____ Class Rank _____ # of Students in Class _____ GTE Score _____ Other _____

ACT Score _____ SAT Score _____

College, university or technical school you plan to attend. *Attach college admission confirmation. Provide office and telephone number of the school and, if possible, name of a contact person at the school.*

Address _____

City _____ State _____ Zip Code _____

In what subject do you plan to major? _____

Year of High School Graduation _____ Anticipated Year of College Graduation _____

School-related activities including athletics, music, student government, etc.:

Community-related activities including clubs, church groups, volunteer work, etc.:

Local drug-free youth group involvement:

Regional and statewide involvement in drug-free youth activities:

Academic or drug-free honors:

Attach two letters of reference – high school faculty member and non-relative community member.

References's Name	Relationship to Applicant	Phone #
1. _____	_____	_____
2. _____	_____	_____

Attach a one-page typed personal essay, no more than two double-spaced pages, regarding the following:

- Why should you be awarded this scholarship?
- Why are you participating in the prevention effort?
- How has the experience of being involved in a drug-free youth group been beneficial to you?
- How do you plan to continue being alcohol, tobacco, and drug-free?
- How do you see the role of youth in future prevention efforts?
- Why did you make the choice to be alcohol and drug-free?

Signature: _____ Date _____