***Kearney Catholic Foundation Scholarship Application***

Sharon Franzen Memorial Scholarship

for a KCHS Student Planning to Attend UNK

1. Personal Information:

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian(s) Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACT Score:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Rank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Course of Study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarships Already Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Directions: Make a packet to complete the scholarship application. Place all packet documents together with a 2” paperclip. Each packet should include in this order:
	1. Cover Page with Picture
	2. This Signed Scholarship Application
	3. Activities Resume
	4. Personal Statement
	5. Unofficial Transcript
	6. Letter of Recommendation is required (Not a family member)
	7. Please attach a 250 word essay on your future career plans at UNK. Why have you chosen that path and how has a teacher at Kearney Catholic High School made an impact on your future plans?

Scholarship deadline is Wednesday, April 1, 2022 –

Kearney Catholic High School Foundation

20 East 21st Kearney NE 68847

1. The signature below authorizes representatives of the Kearney Catholic High School Foundation or its agents to receive necessary scholastic transcripts and records necessary to successfully evaluate the applicant’s merits for this scholarship.

Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_