

The Normil Foundation Scholarship

Status: active
Last updated by: John Bellar October 10, 2019 9:17 AM
District Level: No
Organization: Lyons Community Foundation
Primary contact: Lyons Community Foundation
Address: PO Box 250
Lyons NE 68038 United States
Phone: N/A
Fax: N/A
Email:
Website: N/A
Application form: Normil Scholarship Packet 2019-2020.pdf ([download](#))
Categories:
Deadline: 4/1
Maximum award: 1500.00
Award basis: Need based
Renewable: N/A
Description: N/A

QUALIFICATIONS

Gender: Not Specified
Ethnicity:
Minimum GPA: 3.0000
Minimum SAT: N/A
Minimum PSAT: N/A
Minimum ACT: N/A
Minimum PLAN: N/A
Residency: State of Nebraska and Burt County
Class rank: N/A
Academics: N/A
National Origin: N/A
Athletics: N/A
Talents: N/A
Clubs: N/A
Disability: N/A
Military: N/A
Religion: N/A
Ethnic background: N/A
Essay required: Yes
Service requirement: Yes
Student Groups: No groups assigned



The Norm.il FOUNDATION Scholarship

(Administrated by the Lyons Community Foundation)

Eligibility

An applicant must meet the following qualifications:

1. Desire to pursue a professional career at the college level.
2. Resident of the State of Nebraska and Burt County or close proximity.
3. Graduate of Oakland-Craig (1) or Lyons-Decatur Northeast (1) High School.
4. Meet academic requirements of above high schools and the State of Nebraska.
5. **Applicant must be attending a 4-year established college program or a 2-year vocational/technical/community college program in the State of Nebraska.**
6. Of good moral character, a dependable student throughout the school career, possess a good work ethic and exhibit personal leadership characteristics.
7. Applicant must have maintained a cumulative grade point average of 3.0 throughout high school. A **3.0 GPA** is to be maintained at the academic institution funding is used.
8. Show some need for financial assistance.
9. The information on the checklist 1-5 needs to be submitted to the Lyons Community Foundation.
10. Students applying for this scholarship must return all scholarships applications to:

Lyons Community Foundation
PO Box 250
Lyons, Nebraska, 68038- 0250

The Normil Foundation Scholarship



Application Checklist

(Administered by the Lyons Community Foundation.)

SPECIFIC INFORMATION & CHECK LIST (FOR STUDENT USE) -- April 1, 2020. When filling out the application, the first 5 steps must be included in your application packet. Check off as you complete.

- O** 1. Complete Section 1 and 2 of the prepared enclosed application. Sign and date your application and the "release of information" form on page 2. Your guidance counselor completes Section 3. Return all sections.
- D** 2. Include the last Federal Tax Return of your parent or guardian or a COPY of your Student Aid Report(SAR) with your Expected Family Contribution (EFC) number, after you have properly completed the Free Application for Federal Student Aid (FAFSA). You must provide a labeled sealed envelope for privacy. Only the officers will review it.
- D** 3. An updated high school transcript including the most recently completed semester.
- D** 4. A letter of reference from a non-family member, local businessperson, employer, school administrator, teacher or clergy verifying your character, need, merit, and circumstances. Find another reference beside your guidance counselor. He/She already has a form to complete in the application. This letter must accompany the application and may NOT be submitted separately. You may provide a labeled sealed envelope for privacy.
- D** 5. A TWO-page essay. In the first page describe your life circumstances, including why this scholarship is needed and the reasons for your career choices. In the second page, evaluate what you might do to improve the community of Lyons/ Oakland. You might approach this from the economic, beautification, government, town facilities, employment opportunities, future development, agriculture, economic, etc. Ideas are the important issue here! The more thoroughly explained the better. You do not have to excel in English to successfully complete this part; express your thoughts and ideas.



- D** 6. Check off the list as you complete the requirements. It is the your responsibility to make sure the application is submitted with all the forms needed in order to meet the deadline. **DO NOT RAY ON YOUR GUIDANCE DIRECTOR. TO DO THIS FOR YOU.**

YOUR APPLICATION WILL NOT BE ACCEPTED PAST THE DEADLINE!!

April 1, 2020

Your application will not be accepted if the above has not been met.
Follow the first 5 steps above.

If you are selected as the recipient of the Normil Foundation Scholarship through the Lyons Community Foundation, you will be notified by mail or at the time your school sets for scholarship notices and in time for your Spring Achievement Night. More information will be sent after this time.

The Normil FouNDATION Scholarship Application Form

(Now administrated by tlze Lvons Community FouIldation)

Section 1 Complete the application forms (There are 2 pages!!) and return it to the Lyons Community Foundation.

Name: -----

Last First Middle

PermanentAddress: -----

Street City State Zip

Home Phone: ----- SSN: ___/___/_____ Date of

Birth: ___/___/_____ E-mail Address: -----

----- Years living in the Lyons Area? _____

Cell Phone Number: ___/___/_____ Year of High School Graduation _____

Post-Secondary School Attending: -----'Accepted? Yes **D** No **D** Waiting **D**

What is your College major/or Career Goal: -----College Credits Currendy _____

Date of Entrance: ___/___/_____ Degree Sought: -----Expected Date of Graduation: _____

What is Your Current Job? (Ifany) _____ Annual \$ _____

Father **D**/Guardian's **D** Name: ----- Occupation: _____

Annual Salary: \$ _____ Fathers Employer: -----Address: -----

Fathers Date of Birth: ___/___/_____ Fathers Education Level _____

Fathers High School _____ Town/City ----- Grad Year _____

Mother **D**/Guardian's **O** Name: ----- Occupation: _____

Annual Salary: \$ _____ Mothers Employer: -----Address: -----

Mothers Date of Birth: ___/___/_____ Mothers Education Level _____

Mothers High School _____ Town/City _____ Grad Year _____

Number Brothers: _____ Sisters: _____ Other's living in home: -----

Number Siblings in College: _____ Single parent family Y **O** **N** **O** Parents Divorced Y **O** **N** **D**

Personal or Family Responsibilities or Challenges which you face in daily life. *(If applicable.)* _____

How will you be financing your college education and how will this scholarship impact your plans?

at Scholarship have you applied?

(Receiving?) _____

Estimated Annual Expenses: Tuition & Fees: \$ _____ Room & Board: \$ _____ Books: \$ _____

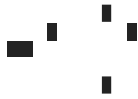
Are you applying for other assistance based on need? If so, please explain: (use rest of page 2 to explain.)

Section 2 -- *Submit your resume as it currently is completed* A.) *Include your activities, length of participation and offices held. Also, include any religious/community activities.* B.) *Include your work experience during school or summer breaks (job titles, years, and hours/week).* C.) *Include any special awards or honors received during school, work, or community organizations.*

Release of Information:

The above and enclosed information is correct and complete to the best of my knowledge. I understand, agree and consent to the use by the selection committee of the information contained in and submitted with this application. ■ am aware that the Letters of Recommendation may be verified. ■ understand any award made is contingent upon my enrollment at a Nebraska supported college or university as a student at the time this award is paid. I DO meet all the criteria for the scholarship for which I am applying.

Signature: ----- Date: _____



Administrated by the Lyons Community Foundation

Section)

Name of Applicant

Rank in Class

To the Guidance Counselor: Applicants submit this Evaluation Form to you when applying for this scholarship and this form is for you to complete. *We do not request a special letter from you.* Please sign and date the Evaluation below. The NORMIL FOUNDATION has the school information all on record. The application deadline is below. Include the Evaluation Form with the applicants other information in one mailing.

1. How long have you known the student and in what capacity? _____

2. Rate (V^m) the applicant on the following in comparison with other students of the same level:

	Exceptional	Above Average	Average	Below Average	Other Information
General Academic Ability					
Motivation and Initiative					
Quality of Work					
Willingness to Learn					
Imagination and Creativity					
Dependability /Responsibility					
Social Skills/Leadership Ability					
Potential to Succeed					

3. Compared to other students, I would rank this applicant in the top: (Circle)

1% 5% 10% 25% 50%

4. Overall endorsement of applicant: (Circle)

Highly Recommend

Recommend

Recommend with Reservations

5. Scores: ACT Score _____ or Sat Score _____

6. [Odonall] Please provide any additional comments about the applicant on the back of this evaluation form. For Example: Strengths and accomplishments, background and experiences, family responsibilities, extenuating circumstances or any special problems, which make this student worth extra consideration.

Name

Date

LYONS COMMUNITY FOUNDATION PO Box250
Lyons, NE 68038-0250