

**Richard P. Kimmel and Laurine Kimmel Charitable Foundation/
Nebraska City Rotary Scholarship.**

Name: _____

Address: _____

Phone: Your cell _____ Father _____ Mother _____

Father's Name & Address: _____

Mother's Name & Address: _____

Name of High School attended: _____

Have you applied to College? _____ If so, where? _____

Planned Major _____

Have you been awarded any scholarships? _____ If yes, what are they? _____

Have you been granted or do you expect to be granted financial aid? _____ If so, please explain.

Grade Average Form

I request that the High School Counselor record my current grade average and class ranking in the spaces provided below. I understand this information will be used and reviewed only by those who have direct responsibility to choose the scholarship recipient.

The applicant, _____, has a current GPA of _____.

This applicant ranks # _____ in a class of # _____.

I also request that a copy of my High School transcript and the results of my ACT/SAT test be Released to accompany this application.

Counselor's signature

Name of High School

Date

Signature of Applicant

Date