

SENCA

Southeast Nebraska Community Action Partnership

INVESTING IN OUR NEIGHBORS THROUGH EDUCATION AND PARTNERSHIPS TO
IMPROVE LIVES AND BUILD STRONG COMMUNITIES IN SOUTHEAST NEBRASKA

802 Fourth Street
PO Box 646
Humboldt, NE 68376
www.senca.org

SENCA Community Leadership Scholarship

Southeast Nebraska Community Action Partnership (SENCA) established the SENCA Community Leadership Scholarship in 2012 to provide six (6) annual scholarships in the amount of \$400 for students who demonstrate a commitment to being a leader in their community. Eligible students are in the graduating class of 2019 and live in Cass, Johnson, Nemaha, Otoe, Pawnee and Richardson counties.

Selection criteria that will be considered include:

High School Cumulative GPA

ACT Cumulative Score (If Applicable - Not Required)

Involvement in School and Community Activities

Past or Current Participation in SENCA Programs

Essay (Of no more than 500 words)

Scholarship form requires signature of school official, certifying GPA and ACT score (If Applicable - Not Required).

Scholarship Deadline: Complete scholarship materials must be postmarked by March 15, 2019. Incomplete applications will not be accepted.

Scholarship decision will be made by SENCA's Scholarship Committee with a decision announced by April 1, 2019.

Scholarship Instructions:

Return the completed scholarship form, signed by a school official and essay to:

**SENCA
Scholarship Committee
PO Box 646
Humboldt NE 68376**

Office: 402-862-2411
Toll Free: 888-313-5608
Fax: 402-862-2428



EQUAL HOUSING
OPPORTUNITY

Investing In;
Cass, Douglas, Johnson, Nemaha, Otoe, Pawnee, Richardson, and Sarpy Counties

Community Economic Development
Family Outreach Youth Education



"This institution is an Equal Opportunity Provider and Employer"



Southeast Nebraska Community Action

Community Leadership Scholarship

Scholarship Application Form

Scholar Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____

Email address: _____

Academic Information

High School: _____

High School Graduation Year: _____

High School Cumulative GPA: _____ on a _____ scale

ACT Cumulative Score (If Applicable): _____

Signature of School Official Certifying High School GPA and ACT Cumulative Score

Signature of School Official Title of School Official Date

High School Extracurricular and Community Activities: _____

Past or Current Participation in SENCA Programs: (Check All That Apply)

SENCA SMART SENCA Youth Mentoring SENCA Head Start Other: _____

College Information

College You Plan To Attend (if known): _____

Anticipated Enrollment Date: _____

Essay Instructions

SENCA's mission "Investing In Our Neighbors Through Education and Partnerships To Improve Lives and Build Strong Communities in Southeast Nebraska" enforces our agency's belief in providing help to those in our community who are in need. **On a separate sheet of paper, describe your beliefs on helping others and the importance of giving them a chance to succeed.** Your essay should be approximately 500 words.

Please return the completed form, signed by a school official, and essay to the following address postmarked by **March 15, 2019:**
SENCA, Scholarship Committee, PO Box 646, Humboldt, NE 68376



Southeast Nebraska
Community Action
Partnership

INVESTING IN OUR NEIGHBORS THROUGH EDUCATION AND PARTNERSHIPS TO
IMPROVE LIVES AND BUILD STRONG COMMUNITIES IN SOUTHEAST NEBRASKA

802 Fourth Street
PO Box 646
Humboldt, NE 68376

2019 SENCA SCHOLARSHIP PROGRAM
VERIFICATION FORM

Phone: 402-862-2411
Fax: 402-862-2428
www.senca.org

To Be Completed by the Student

Complete the Release of Information section below, then SIGN and DATE in ink. Have the Registrar's office of your institution complete the Registration/Enrollment Certification section below and MAIL this completed document to the address above.

RELEASE OF INFORMATION:

Student's Name: _____

Permanent Address: _____

Social Security #: _____ OR Student ID #: _____

Institution Name: _____

I grant permission to release all information regarding verification of registration/enrollment, financial aid, or other application -relevant concerns to the scholarship grantors of the scholarship program, as deemed necessary by the SENCA Scholarship Program. I also authorize the scholarship grantors to share this information for the purposes of evaluation, recruitment, public relations, or any other related activity.

Student Signature: _____ Date: _____

To Be Completed by the Office of the Registrar

Complete the Registration/Enrollment Certification below and return to the student or MAIL this completed document to the address above.

THIS FORM WILL BE CONSIDERED INVALID WITHOUT AN OFFICIAL SEAL OR SCHOOL STAMP.

REGISTRATION/ENROLLMENT CERTIFICATION:

I certify that the above names student is currently registered/enrolled at the above named institution for the _____

term, which begins on ___/___/___ and ends on ___/___/___.

Official Seal or School Stamp
(REQUIRED)

Signature of Authorized Official: _____

Printed Name of Authorized Official: _____

Title of Authorized Official: _____

Institution Name: _____

Mailing Address: _____

Phone Number: (____) _____ Today's Date: _____