

# Duane L. Nichols Memorial Scholarship GUIDELINES

## **ELIGIBILITY**

- ❑ Those eligible for the Duane L. Nichols Memorial Scholarship Fund must be a graduating senior from Holcomb High School, Holcomb, Kansas or Norwayne High School, Creston, Ohio.

## **SCHOLARSHIP AMOUNT**

- ❑ The exact amount of the scholarship will be determined on a yearly basis.
- ❑ The number of recipients each year will be determined by the amount available for the scholarship and the number of applicants.
- ❑ The funds will be applied to tuition and/or books at the student's selected school.

## **SELECTION**

- ❑ Scholarship(s) will be awarded by an appointed selection committee of the Western Kansas Community Foundation.
- ❑ The selection will be based on the information provided on the application.

## **APPLICATION**

The following item should be included with the application:

- ❑ Two reference letters

**Submit the application as soon as possible to:**

**Melissa Gallegos  
Operations Manager  
Western Kansas Community Foundation  
402 N. Main Street  
Garden City, KS 67846**

**DUANE L NICHOLS MEMORIAL SCHOLARSHIP FUND  
APPLICATION THROUGH  
WESTERN KS COMMUNITY FOUNDATION**

**Name** \_\_\_\_\_

**Permanent Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parent's Name and Address** \_\_\_\_\_

\_\_\_\_\_  
**GPA** \_\_\_\_\_

**High School activities, honors, and awards received** \_\_\_\_\_

\_\_\_\_\_  
**Community activities** \_\_\_\_\_

\_\_\_\_\_  
**Work experience** \_\_\_\_\_

\_\_\_\_\_  
**Why do you wish to continue your education?** \_\_\_\_\_

\_\_\_\_\_  
**What career or profession do you plan to enter?** \_\_\_\_\_

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**Why have you chosen this career field?** \_\_\_\_\_

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**How would this scholarship enable you to continue your education?** \_\_\_\_\_

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