

**KATHRYN RUSSELL MEMORIAL  
SCHOLARSHIP RULES**

**1. NAME**

A. This scholarship shall be known as the "KATHERYN RUSSELL MEMORIAL SCHOLARSHIP".

**2. MONEY**

A. The funds for this scholarship shall be deposited in the First National Bank Northeast in the Tekamah-Herman Public Schools Foundation account under the name "KATHRYN RUSSELL MEMORIAL SCHOLARSHIP".

**3. CONTROL**

A. This scholarship shall be controlled by a committee composed of the principal of the Tekamah-Herman Community Schools and two (2) members of the Tekamah-Herman Foundation Board of Directors.

**4. NUMBER OF SCHOLARSHIPS**

A. There will be one (1) scholarship awarded each year.

**5. AMOUNT**

A. The amount of the scholarship shall be the amount of interest earned each year on the certificate of deposit labeled "KATHRYN RUSSELL MEMORIAL SCHOLARSHIP".

**6. FREQUENCY**

A. This scholarship shall be awarded annually.

**7. ELIGIBILITY**

A. The applicant must be a senior or past graduate of the Tekamah-Herman Community Schools.

B. The applicant must plan to attend and be accepted at some type of approved education beyond high school. This could be a four year college or a vocational school.

C. The applicants who are being considered for this scholarship shall have a cumulative grade point average of 2.0 or above.

D. The applicant's community-wide citizenship and involvement will be considerations for the award of this scholarship.

E. The applicant's financial need shall be a factor in awarding this scholarship.

F. The applicant must make formal application. Forms are available at the Tekamah-Herman Community Schools counselor's office. All applications must be returned to the Tekamah-Herman Counselor's Office by April 15.

G. The applicant must be seeking a degree in a field that is agriculture related or a field that involves mechanical work.

## **8. DISBURSEMENT**

A. This scholarship shall be awarded at graduation. The check will be awarded to the winner of this scholarship during the second week of January to be used by the winner to help with expenses during the second semester of post secondary education. The check will be made out to the school and the winner of this scholarship.

## **9. SELECTION**

A. The committee will determine who the recipient of this scholarship will be. This shall be done prior to the date of commencement exercises.

## **10. CHANGES**

A. Any changes governing this scholarship will be made as necessary by the committee.

KATHERYN RUSSELL MEMORIAL SCHOLARSHIP APPLICATION FORM

"

Name \_\_\_\_\_

"

Address \_\_\_\_\_

"

Parents' Names (if under 21) \_\_\_\_\_

"

Name and location of school you plan to attend \_\_\_\_\_

"

Type of program you plan to enroll in \_\_\_\_\_

"

High school or college cumulative grade point average \_\_\_\_\_

"

Please answer the following questions. Use a separate page if needed.

1. Why do you think you should be awarded this scholarship?
2. Have there been any circumstances that have affected your academic performance (illness in your family, divorce, financial problems, etc.)?
3. If you don't receive scholarships, how will you finance your education?
4. List community and school organizations you were involved with.

Date \_\_\_\_\_

Signature \_\_\_\_\_