

P.E.O. CHAPTER Z

John E. Von Kennel

MEMORIAL SCHOLARSHIP

The John E. Von Memorial Scholarship was established in 2014, through the cooperation of P.E.O Chapter Z, in Cheyenne, Wyoming, and Laramie County Community College Foundation. The Purpose of this scholarship is to assist women in the pursuit of furthering their education. The Scholarship is awarded on an annual basis if a qualified applicant is selected. Preference of the award is given to a female business student, but not limited to.

Applicant Name _____ Date _____

Eligibility:

1. Applicant must be a female resident of the state of Wyoming.
2. Applicant must possess a high school degree or equivalent education.
3. Applicant must be currently enrolled as an undergraduate and must have completed at least one full time semester of college (12 or more credit hours verified).
4. Applicant must be enrolled as a full time student for upcoming fall semester at any of the designated Laramie County Community College campuses.

Application Requirements:

1. All applicants shall have maintained no less than a 2.5 grade point average.
2. All applicants must fill out and submit page 1 and page 2 of this application form.
3. All applicants must include an official transcript or copy of an official transcript for colleges attended.
4. All applications must include an autobiography of two pages or less (see bottom of page 2).
5. All materials must be received by the applicable college financial aid office no later than May 1.
6. All applicants must include two letters of recommendation from non-family members.

Selection Criteria:

1. Completion of all eligibility and application requirements above.
2. Finalists for this scholarship will be selected and interviewed prior to final determination of award. Notification of interviews will take place prior to July 1.
3. The selection of the recipients is made by the Scholarship Committee, P.E.O. Chapter Z. Selection is based on the information provided by the applicant and results of personal interview.
4. The allocated amount of the Scholarship will be awarded for the fall semester.

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Application Deadline: **June 1**

Name		Date	
Student ID	Marital Status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W		
Address Street City, State, ZIP			
Phone Number		Date of Birth	
Number of Dependent Children	Annual Income from all Sources (Work, scholarships, grants, child support, other) \$		
LCCC campus you plan to attend			

Educational History

Name and Location of High School and Colleges Attended	Date Attended	Diploma/Degree
Career Goal		
For what purpose is aid desired (be specific)		

Attach a short description of yourself (1-2 pages). Please describe how you plan to finance your education and why you want to continue your education. Include such things as honors received for school or community service activities. List any affiliation with organizations that you would like us to know about. If you have other achievements or any unusual circumstances that might give you special consideration please include for review by the selection committee.

☐ By checking this box, I hereby certify the provided information is accurate to the best of my knowledge. I also certify that I will allow the Financial Aid Office at LCCC to release any information that is applicable to this application.

Description

Please email completed application to: Financialaid@lccc.wy.edu