

GERALD NAIBERG MEMORIAL SCHOLARSHIP APPLICATION

THE RUTLEDGE CHARITIES ESTABLISHED THE GERALD NAIBERG MEMORIAL SCHOLARSHIP IN 2021 TO HONOR MR. NAIBERG'S YEARS OF DEDICATED SERVICE TO THE EDWARD & HANNAH M. RUTLEDGE CHARITIES. A GRADUATING SENIOR FROM A CHIPPEWA COUNTY HIGH SCHOOL WILL BE AWARDED A \$2,500 NON-RENEWABLE SCHOLARSHIP.

SCHOLARSHIP REQUIREMENTS

1. PLAN TO ATTEND AN ACCREDITED COLLEGE, UNIVERSITY OR TECHNICAL COLLEGE AS A FULL TIME STUDENT
2. TO BE USED FOR EDUCATIONAL PURPOSES
3. HAVE A FINANCIAL NEED
4. AVERAGE GRADE POINT OR BETTER

NAME _____ GENDER Male Female
ADDRESS _____
PHONE# _____ EMAIL _____
NAME OF HIGH SCHOOL _____ GRADE POINT AVERAGE _____ CLASS RANK _____
LIST ACTIVITIES/ACHIEVEMENTS AT YOUR SCHOOL AND IN THE COMMUNITY _____

COLLEGE YOU PLAN TO ATTEND _____
WHAT MAJOR FIELD OF STUDY AND CAREER ARE YOU PLANNING TO PURSUE? _____

CHECK EVERY BOX THAT APPLIES TO THE APPLICANT'S FAMILY SITUATION:
 PARENTS MARRIED FATHER DECEASED PARENTS SEPARATED STEP FATHER OTHER
 SINGLE PARENT HOME MOTHER DECEASED PARENTS DIVORCED STEP MOTHER

FATHER'S NAME _____
PLACE OF EMPLOYMENT _____ ANNUAL INCOME _____
MOTHER'S NAME _____
PLACE OF EMPLOYMENT _____ ANNUAL INCOME _____

LIST THE NAMES AND AGES OF ALL DEPENDENT INDIVIDUALS IN YOUR HOUSEHOLD (those supported by the parent/guardian) _____

NUMBER OF FAMILY MEMBERS IN COLLEGE OR TECHNICAL COLLEGE _____

WHAT FINANCIAL HELP WILL YOUR PARENTS AND FAMILY MEMBERS GIVE YOU? _____

IN A DIVORCED/SEPARATED FAMILY, ARE BOTH PARENTS CONTRIBUTING TO YOUR EDUCATION?
PLEASE EXPLAIN _____

WHAT EMPLOYMENT HAVE YOU HAD DURING THE SCHOOL YEAR AND SUMMER VACATION WHILE
ATTENDING HIGH SCHOOL? _____

AMOUNT OF MONEY YOU HAVE PERSONALLY SAVED FOR YOUR EDUCATION _____

WHAT OTHER SCHOLARSHIPS HAVE YOU APPLIED FOR? _____

LIST OTHER SOURCES OF FUNDS FOR COLLEGE EXPENSES INCLUDING GRANTS, WORK, LOANS,
ETC.(PLEASE ESTIMATE APPROXIMATE PERCENTAGE FROM EACH SOURCE) _____

EXPLAIN ANY SPECIAL CIRCUMSTANCES THAT IMPACT YOUR FINANCIAL SITUATION BUT MAY NOT
BE OBVIOUS ON THE APPLICATION _____

ADD ANY OTHER INFORMATION WHICH YOU FEEL WOULD BE USEFUL TO THE SCHOLARSHIP
COMMITTEE EVALUATING YOUR APPLICATION _____

**ALONG WITH THIS COMPLETED APPLICATION, YOU MUST ALSO SUBMIT A TRANSCRIPT OF YOUR
HIGH SCHOOL GRADES (INCLUDING FIRST SEMESTER OF YOUR SENIOR YEAR) TO THE GUIDANCE
COUNSELOR NO LATER THAN FEBRUARY 15TH.**

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Date _____ Signature _____